



APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

INSTRUCTIONS: Please read this entire application before you answer any questions. Print all information in ink. Answer all questions accurately and completely. PRINT "N / A" in any space that does not apply to you. All applicants receive consideration for the position for which they apply and the application will remain active for a period of three (3) months. Those applicants not employed within the three (3) month period will be required to reapply for employment in writing as job openings occur. Incomplete applications will not be considered. **THIS APPLICATION BECOMES VOID AFTER THREE (3) MONTHS UNLESS RENEWED IN WRITING.**

Job applied for: _____ Date: _____
 Full name: _____
 Present address: _____ Phone No. _____

Are you under 18 years of age? _____ If yes, state age: _____
Note: If under 18 years of age, employment is subject to verification of minimum legal age by certificate or work permit.

Can you submit legal verification of your right to work in the U.S.A.? _____ Yes _____ No

PAST EMPLOYMENT RECORD (LAST JOB FIRST)

DATES EMPLOYED	EMPLOYER	ADDRESS/CITY/STATE	POSITION	PAY RATE		SUPERVISOR	REASON FOR LEAVING

EDUCATION AND TRAINING RECORD

	School's Name and Location	Years Completed				Graduate?	When
		1	2	3	4		
High School							
Vocational School							
College							
Other Training							

GENERAL INFORMATION

Have you ever been employed by this company? _____ From _____ to _____
 What was your reason for leaving? _____
 Are you employed now? _____ By whom? _____
 If the job you are applying for requires the driving of a company vehicle, complete the following:
 Regular license # _____ Commercial # _____
 Are you interested in full time, part time or temporary employment? _____
 Are there any restrictions on the hours or days of the week you can work? _____ If yes, please explain _____

Date available to start work: _____
 Have you ever been convicted of a felony within the last five (5) years? * _____ Yes _____ No
 If so, give case(s) _____ Place(s) _____
 Reason(s) _____ Disposition of case(s) _____

*Conviction of a crime will not necessarily disqualify you from the job for which you are applying. Each conviction will be judged on its own merits with respect to time and job relatedness.

MILITARY SERVICE RECORD

Have you ever served in the Armed Forces? _____ From _____ to _____

Branch _____

PERSONAL REFERENCES - NOT RELATED TO YOU

NAME ADDRESS/CITY/STATE PHONE NO.

LIST NAMES OF RELATIVES IN OUR EMPLOY:

NAME RELATIONSHIP ADDRESS

READ CAREFULLY

AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION

I understand that the Company will attempt to verify statements made on my application and made during my employment interview. When contacted by this Company, I give my permission for my present and former employees to answer any and all questions based upon information available to them in my prior employment records. I understand that it is possible that my prior employment records may not be accurate. Nonetheless, in consideration of this Company's review of this application, I release this company and all former employers from any liability as a result of the furnishing and receiving of this reference information. I understand that my failure to sign this reference release so the Company can contact references and make a full background check of my previous work history will be deemed interference with and a withdrawal of my application for employment.

____ *Yes ____ *No *Place your initials in the appropriate space to indicate and document your consent to this authorization.

Signature _____ Date _____

JOB APPLICANT AGREEMENT

I understand the Company requires certain information about me to evaluate my qualification for employment and conduct its business if I become an employee. I understand that false, incomplete, or misleading statements of this application may be considered sufficient cause for dismissal, if and when discovered. The use of this application blank does not indicate there are any positions open and does not in any way obligate this Company.

I authorize personal references as well as developed references, other persons, companies, corporations, credit bureaus, schools, medical facilities, and law enforcement agencies to furnish to the Company and/or its agents or representatives any information they have concerning me to include my character; general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

In consideration of my potential employment, I agree to conform to the rules of this Company, I understand that if employed, I have the right to terminate my employment at any time with or without notice, with or without cause, and that the Company has a similar right. I understand my employment by this company does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that no one other than the President of the Company has authority to make any other agreement and that any such agreement must be in writing.

The Immigration Reform and Control Act of 1986 requires that, after employment, employers verify the legal work authorization and identify of all new employees. An offer of employment will depend upon the Company's ability to verify this necessary information.

Applications will not be considered active after three (3) months from date of application.

I understand that the Company will attempt to verify statements made on my application and made during my employment interview.

Signature _____ Date _____

Incomplete Applications will not be considered.

CONSENT TO PHYSICAL EXAMINATION

I consent to any and all pre-employment physical examinations required and will, upon request, sign all necessary consent forms. I understand such physical examinations may include medical screening/testing for drug or alcohol abuse. I will sign the medical history release forms necessary so the Company may complete its background check on my physical conditions and suitability for employment and correct job placement. Failure to sign the necessary consent forms will be deemed a withdrawal of my application for employment.

____ *Yes ____ *No *Place your initials in the appropriate space to indicate and document your consent to this authorization.

Date _____

Complete Signature of Applicant