

# Application For Employment

We are an "at will", equal opportunity employer, dedicated to a policy of non-discrimination in employment on any base including race, color, age, sex, religion, disability, medical condition, national origin or marital status.  
All offers of employment are contingent on applicant passing a job-related physical examination.

PLEASE COMPLETE PAGES 1-4

DATE: \_\_\_\_\_

NAME:			
<i>Last,</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>
PRESENT ADDRESS:			
<i>Number</i>	<i>Street</i>	<i>City,</i>	<i>State      Zip</i>
HOW LONG? _____	SOCIAL SECURITY # _____ - _____ - _____		
TELEPHONE _____ - _____ - _____			
<i>If under 18, please list age:</i> _____			
POSITION APPLIED FOR ( 1 ) _____		<i>Days / Hours available to work</i>	
		No Pref _____	THUR _____
		MON _____	FRI _____
and SALARY DESIRED ( 2 ) _____		TUES _____	SAT _____
<i>( Be specific )</i>		WED _____	SUN _____
How many hours can work weekly? _____		Can you work nights? _____	
Employment desired _____ FULL-TIME only _____ PART-TIME only _____ FULL or PART-TIME			
When available for work? _____			

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ NO \_\_\_\_\_ YES

If yes, explain number of conviction(s), nature of offense(s), leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE PRINT ALL  
INFORMATION  
REQUESTED  
EXCEPT SIGNATURE

DO YOU HAVE A DRIVER LICENSE?		YES	NO
		_____	_____
What is your means of transportation to work? _____			
DRIVER LICENSE NUMBER	STATE OF ISSUE	OPERATOR	Commercial (CDL)      Chauffer
Expiration Date	_____	_____	_____
Have you had any accidents during the past three years?		How Many? _____	
Have you had any moving violations during the past three years?		How Many? _____	
<b>OFFICE ONLY</b>			
TYPING	_____ YES _____ NO	_____ YES _____ NO	WORD PROCESSING _____ YES _____ NO
	_____ WPM	10-KEY	_____ WPM
PERSONAL COMPUTER	_____ YES _____ NO	PC MAC	_____ YES _____ NO
		OTHER SKILLS	_____

Please list two references other than relatives or previous employers.

NAME _____	NAME _____
POSITION _____	POSITION _____
COMPANY _____	COMPANY _____
ADDRESS _____	ADDRESS _____
TELEPHONE _____	TELEPHONE _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the below space to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY		
HAVE YOU EVER BEEN IN THE ARMED FORCES?	YES _____	NO _____
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	YES _____	NO _____

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Work experience      Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name if employer Address City, State, Zip Code  Phone Number	Name of last supervisor	Employment Dates	Pay or Salary
		From	Start
		To	Final
	Your last job title		
Reason for leaving (be specific)			
List the job you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name if employer Address City, State, Zip Code  Phone Number	Name of last supervisor	Employment Dates	Pay or Salary
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Name of employer Address City, State, Zip Code  Phone Number	Name of last supervisor	Employment Dates	Pay or Salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the job you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? \_\_\_\_\_ YES \_\_\_\_\_ NO

Did you fill out this application yourself? \_\_\_\_\_ YES \_\_\_\_\_ NO If not, who did? \_\_\_\_\_

**AUTHORIZATION:** I authorize investigation on all statements contained in this application. I understand that misrepresentation or omission of any information supplied in the application process is cause for dismissal. Further, I understand and agree that my employment is "at will", which is for no definite period and may, regardless of the method of payment of my wages or salary, be terminated at any time without cause and without any previous notice. I also accept the employer's right to enter into an Alternative Dispute Resolution Procedure to resolve employments disputes.

Signature and Date: _____	I-9 Form	Physical Drug Test	Driver License
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In Case of Emergency Notify: \_\_\_\_\_ Name/Address/Phone

Note: Applications are effective for a period of 60 calendar days. Re-Apply to maintain an effective application