

EMPLOYMENT APPLICATION

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date:
Street Address:		Apartment/Unit #:	
City:	State:	ZIP:	
Phone:	E-mail Address:		
Date Available:	Social Security #:	Desired Wage:	
Desired Position:		Shift Preference? 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Any <input type="checkbox"/>	
Are you legally eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Work Desired? Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Any <input type="checkbox"/>	
Have you ever worked under a different name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, What name?			
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, When and what position?			
Are you willing to accept employment that requires travel? No <input type="checkbox"/> Day Travel Only <input type="checkbox"/> Occasional Overnight <input type="checkbox"/> Frequent Overnight <input type="checkbox"/>			
List relatives/friends employed by this company:			
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> When, where & disposition?			

EDUCATION & TRAINING				
Type of School	Name & Address of School	Graduated	Major Subject	Type of Degree/Diploma
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>		
College		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Graduate School		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Business or Trade		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Office/Special Skills:			Licenses:	

REFERENCES	
<i>Please list three professional references.</i>	
Full Name:	Relationship:
Company:	Phone: ()
Address:	
Full Name:	Relationship:
Company:	Phone: ()
Address:	
Full Name:	Relationship:
Company:	Phone: ()
Address:	

EMPLOYMENT HISTORY

Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for Leaving:			
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for Leaving:			
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for Leaving:			

MILITARY SERVICE

Branch:	From:	To:	Rank at Discharge:
List military education & training:			

DISCLAIMER AND SIGNATURE

I certify that the information contained in this application is complete and accurate. I agree that the Company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers, or omissions made by me in this application. I authorize all schools, former employers, references, and others who have information about me, to provide such information to the company and I hereby release all parties from any liability for any damage that may result from providing such information.

I understand that any offer of employment is contingent upon my satisfactorily passing a preemployment drug screening test. I further understand and agree that any offer of employment is contingent upon my satisfactorily passing a post offer medical examination. Should I begin employment, prior to the results of a medical examination, my employment may be subject to termination based upon the results of such examination.

I agree to conform to the rules, policies and procedures of the Company and understand and agree that my employment can be terminated, with or without cause and with or without notice, at any time, by either the company or myself. Excluding the Company President and Vice President, I understand that no representative of the Company has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Signature:	Date:
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EQUAL OPPORTUNITY EMPLOYER

All qualified applicants will receive consideration without regard to race, color, religion, sex, national origin, ancestry, age, disability, citizenship, military status, sexual orientation, or any other characteristic protected by law.