

Application for Employment

An Equal Opportunity employer

M/F/V/D

Note: Please answer all questions. Be sure to date and sign this application. Applicants may request assistance if needed, to complete the application.

PERSONAL DATA

Name _____ Date _____
Last First Middle

Present Address _____ Phone _____
Street City State ZIP

Phone number other than home where you can be reached _____

SS# _____ Age _____ If under 18, do you have a work permit?
If under 18

Position applying for _____ Shift _____

Date available for work _____ Referred by _____

Have you applied for a job at this company before? Yes No When? _____

Do you have relatives employed by this company? Yes No

If yes, indicate name and relationship

1) _____

2) _____

3) _____

In case of emergency, please notify _____
Name Phone

Are you willing to relocate? Yes No

EDUCATIONAL BACKGROUND

Education <i>Check Highest Grade Completed</i>	Name & Address of School	Course of Study	Degree Received
High School 9 10 11 12			
College 1 2 3 4			
Graduate School 1 2 3 4			
Other/Trade School 1 2			

Are you currently enrolled in school? Yes No

If so, where and what is your course of study? _____

List scholastic honors attained _____

U.S. MILITARY SERVICE

Branch _____ Last Rank _____
Date Entered _____ Date Discharged _____
Military Job _____ Reserve Status _____

GENERAL

Have you ever been convicted of a violation of any federal, state, county or municipal law, other than minor traffic violations? Yes No
If Yes, Explain

EMPLOYMENT RECORD

Employer _____ Job Responsibilities _____
Address _____
Date Began _____ Date Left _____ May We Contact _____
Immediate Supervisor _____ Ending Rate of Pay _____ Reason for Leaving _____

Employer _____ Job Responsibilities _____
Address _____
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Employer _____ Job Responsibilities _____
Address _____
Date Began _____ Date Left _____ May We Contact _____
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Employer _____ Job Responsibilities _____
Address _____
Date Began _____ Date Left _____ May We Contact _____
Immediate Supervisor _____ Ending Rate of Pay _____ Reason for Leaving _____

Additional Information

Note: Please answer all questions applicable to you and the position for which you are applying.

SECRETARIAL/CLERICAL

What is your profession? _____

List all office equipment on which you have skills and indicate extent of experience.

Typing Speed _____ WPM

SKILLED TRADES

What is your profession? _____

List tools/machines on which you have skills and indicate extent of experience.

GENERAL

Please describe your personal qualifications relative to the position for which you have made application. Please indicate wage expected.

REFERENCES

List three personal references. Please include address and telephone.

1) _____

Present Address _____ Phone _____
Street City State ZIP

2) _____

Present Address _____ Phone _____
Street City State ZIP

3) _____

Present Address _____ Phone _____
Street City State ZIP

Applicant's Statement

1. Verification: I hereby certify that all answers given on this application (including supplements) are true and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts given in my application and/or interviews may be sufficient cause for dismissal if and when discovered.

2. Application: I understand that completion of this application by me does not indicate there are any positions available and does not in any way obligate this Company.

3. Authorization and Release: I authorize this Company to make inquiries into all statements made by me and to obtain any information, transcripts, records, or documents pertaining to my background including but not limited to my personal, employment and financial history and other related matters. I authorize all schools, individuals, and employers to respond to inquiries in connection with my application. I hereby release all parties, including this Company, from any and all liability or damages arising therefrom.

4. Employment-At-Will: I understand that this Employment Application and any other Company documents are no promises or contracts of employment. Should I be employed, I understand that my employment will not be for any particular period of time and will be at will. I can therefore terminate my employment with or without cause and with or without notice at any time and the Company has a similar right. I understand that no manager or representative of the Company has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing, except that a corporate officer may do so in writing.

5. Physical Examination and Health Statement: I understand that I may be required to complete a health statement and submit to a pre-employment physical after an offer of employment has been made. I release the Company from any and all liability incident to the examination.

6. Alcohol and Drug Testing: I agree to submit a urinalysis and/or blood test for the presence of drugs or alcohol and understand that my offer of employment will be contingent upon the results of these tests. I agree to such an examination and/or testing at the Company's expense. I authorize release of the results to the Company and release the Company from any and all liability incident to the testing.

7. Company Policies: If this application is considered favorably, I agree to abide and comply with all rules and policies of this Company. I understand that if I do not do so, I may be subject to the disciplinary action, up to and including discharge.

I have read each of the above statements.

Date: _____ Signature: _____

This application for employment shall be considered active for 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

FOR PERSONNEL DEPARTMENT USE ONLY					
Arrange Interview			Interviewer _____		Date _____
Remarks	Yes	No			
Employed	Yes	No	Employed By _____		Date _____
Job Title _____			Name and Title		
			Hourly Rate/Salary _____	Department _____	Date of Employment _____

NOTES: