

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		N	/liddle		
Present Address		0"		01.1	710	Phone _	
Stree Phone number other than home when		City .ched		State	ZIP		
	If unc	ler 18, do yo	ou have a wor	k permit?			
Desition applying for	II ulluel 10					Shift	
Data quallable for work					Referred by		
Have you applied for a job at this con	npany before?	Yes	No	V	Vhen?		
Do you have relatives employed by the	nis 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	s No	Name					THORE
	E	DUCAT	IONAL BA	ACKGRO	DUND		
Education Check Highest Grade Completed	Name & A	ddress o	f School	С	ourse of Stu	ıdy	Degree Received
High School							
College 1 2 3 4							
Graduate School 1 2 3 4							
<u> </u>							
1 2 3 4 Other/Trade School	Yes of study?	No					

		U.S. MIL	ITARY SERVICE		
Branch_			Last Rank		
Date Entered	Date Discharged				
Military Job	Reserve Status				
		G	ENERAL		
Have you ever been co	nvicted of a violation	n of any federal, state, county	y or municipal law, other than minor traffic violations?	Yes	No
If Yes, Explain					
		EMPLOY	MENT RECORD		
Employer		Job Resp	ponsibilities		
Address			_		
Date Began	Date Left	May We Contact	_		
	Duto Lott				
Immediate Supervisor		Ending Rate of Pay	Reason for Leaving		
Employer		Job Res _l	ponsibilities		
Address			_		
			_		
Date Began	Date Left	May We Contact			
Immediate Supervisor		Ending Rate of Pay	Reason for Leaving		
Employer		Joh Resi	ponsibilities		
			_		
Address					
Date Began	Date Left	May We Contact	_		
Immediate Supervisor		Ending Rate of Pay	Reason for Leaving		
Employer		Job Res	ponsibilities		
			_		
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.

		SECRETA	RIAL/CLERICA	L		
What is your profession?						
List all office equipment o	n which you have skills	and indicate extent of e	experience.			
Typing Speed	WPM					
		SKILL	ED TRADES			
What is your profession?_						_
List tools/machines on wh	nich you have skills and	I indicate extent of exper	ience.			
						_
			ENERAL			
Please describe your pers	sonal qualifications relat	tive to the position for wh	nich you have made ap	plication. Plea	ase indicate wage expected.	
						_
			ERENCES			
List three personal referer	nces. Please include ad	ldress and telephone.				
1)						
Present Address					Phone	
	Street	City	State	ZIP		
						_
2)						_
Present Address	Street	City	State	ZIP	Phone	_
						_
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 of 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.

have read each of the above	statements.
Date:	Signature:
	nt shall be considered active for 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire

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

NOTES: