

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This company does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

(ANSWER ALL QUESTIONS COMPLETELY.)

PERSONAL DATA

Name _____ Date _____
(Last) (First) (Middle)

Address _____ Telephone: Home ____/____
(Street) (City) (State) (Zip)

Business ____/____

Are you 18 years of age, or over? Yes No

Are you authorized to work in the United States? Yes No

(If you are hired, you will be required to furnish proof of your employment eligibility.)

Other names used in prior employment _____

FURNISH THIS INFORMATION ONLY IF REQUESTED:

Social Security Number _____ Driver's License Number _____ State _____

GENERAL

Applying for position as _____ Salary requirement _____
 Full-Time Part-Time Temporary

Date available _____ Would you object to shift work? Yes No

Have you previously applied for employment with our company? Yes No

If so, when? _____ Type of position for which you applied _____

How were you referred to our company?

Employee Advertisement School Drop in Agency Other

Name of referral source indicated above _____

Have you ever pleaded guilty to, or been convicted of, a criminal offense (see "Convictions," page 4)? Yes No

If yes, give dates and circumstances _____

Have you ever been involuntarily discharged from a position? Yes No

If yes, give dates and circumstances _____

EMPLOYMENT

LIST ALL POSITIONS YOU HAVE HELD, BEGINNING WITH YOUR MOST RECENT. INCLUDE SELF-EMPLOYMENT AND VOLUNTEER WORK. ATTACH AN ADDITIONAL SHEET, IF NECESSARY.

Current, or last, employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ finish _____

City _____ State _____ Zip _____ Telephone ____/____

Name and title of

immediate supervisor _____ Your title _____

Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ finish _____

City _____ State _____ Zip _____ Telephone ____/____

Name and title of

immediate supervisor _____ Your title _____

Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ finish _____

City _____ State _____ Zip _____ Telephone ____/____

Name and title of

immediate supervisor _____ Your title _____

Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ finish _____

City _____ State _____ Zip _____ Telephone ____/____

Name and title of

immediate supervisor _____ Your title _____

Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

EDUCATION		PRINT NAME, CITY AND STATE FOR EACH SCHOOL LISTED	DATES	TYPE OF COURSE OR MAJOR	GRAD- UATE?	DEGREE RECEIVED
High School			From _____ To _____			
College			From _____ To _____			
College			From _____ To _____			
Trade, Bus., Night or Corres.			From _____ To _____			
Other			From _____ To _____			

Are you presently in school? Yes No If yes, give expected completion date _____

List courses you are taking _____

SPECIAL SKILLS

List applicable professional or technical licenses/certifications relative to your ability to perform the functions of the position for which you are applying _____

List awards, honorary positions or volunteer work relative to your ability to perform the functions of the position for which you are applying _____

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience _____

HEALTH

If offered the position, would you agree to a physical examination by a physician, clinic or other health care provider selected by the company? Yes No

Would you agree to a pre-employment and/or post-employment drug screening by a physician, clinic or other health care provider selected by the company? Yes No

Do you smoke? Yes No

PERSONAL REFERENCES*

* Not relatives or employers

NAME	ADDRESS AND PHONE NUMBER	FIRM NAME, ADDRESS AND PHONE NUMBER	POSITION OR OCCUPATION	HOW LONG KNOWN

LIST BELOW THE NAMES OF RELATIVES EMPLOYED BY THIS COMPANY AND THEIR RELATIONSHIP TO YOU

CONVICTIONS: A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I authorize the company, its affiliates and their representatives to investigate all information given and to secure additional job-related information, if necessary. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment, or if employed, dismissal without advance notice.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the company. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the company may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the company, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the company at the company's discretion.

I authorize the company to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees.

I also understand that my employment is conditional upon my satisfactorily passing a physical examination and/or drug screening, if one is requested, to be given by a physician, clinic or other health care provider selected by the company.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept them as conditions of my employment with the company.

Signature of Applicant

This Employer Participates in E-Verify

E-Verify™



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

**WE ARE COMMITTED TO
A DRUG FREE WORK PLACE**

**TO PROMOTE A SAFE AND HEALTHY
WORK ENVIRONMENT, WE:**

**TEST ALL NEW HIRES FOR
ILLEGAL DRUGS OF ABUSE**

**USE AN EVASION PROOF TEST
HAIR ANALYSIS THAT DETECTS**

**DRUG USE OVER A PERIOD OF
APPROXIMATELY...**

90 DAYS

***INDIVIDUALS WHO ARE CONFIRMED
POSITIVE FOR ILLEGAL DRUGS ARE SUBJECT
TO APPROPRIATE ACTION UNDER
COMPANY POLICY***