



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Applicants are considered without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination, as provided under applicable state and federal law.

PLEASE PRINT Date of application ___/___/___ Position(s) Applied For: _____

Referral Source: Advertisement ___ Friend ___ Employee ___ Relative ___ Walk-In ___ Private Agency ___ Other ___

Name of Source (if applicable) _____

Name _____
Last First Middle

Address _____

Telephone (____) _____ Number Street/PO Box City State Zip Code
Social Security Number ___/___/___

Have you ever been employed here before? ___ Yes ___ No If yes, give date _____

Are you employed now? ___ Yes ___ No May we contact your present employer? ___ Yes ___ No

May we contact you at work? ___ Yes ___ No If yes, work number and best time to call (____) _____ Time _____ AM/PM

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

Have you ever been convicted or pled guilty to a crime, other than a traffic violation? (Conviction will not be an absolute bar to employment) ___ Yes ___ No.

On what date would you be available for work? ___/___/___ Expected salary: _____

Are you available to work: ___ Full-Time ___ Part-Time ___ Temporary

Will you work overtime if required: ___ Yes ___ No Will you relocate if job requires it? ___ Yes ___ No

Will you travel if job requires it? ___ Yes ___ No

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, age, national origin, disability). _____

EDUCATION

School:	Name and Address	Circle Last Year Completed Study	Course Of Graduate?	Did You Completion	Last year Of Degree	Diploma or
High School		1 2 3 4				
College		1 2 3 4				
College		1 2 3 4				
Technical, Business or Professional		1 2 3 4				

Has your professional license ever been suspended, conditioned or revoked in any state? ___ No ___ Yes (please explain)

Please list all states where you have been licensed or certified: _____

Professional Licenses/Certifications:

Type	State	Exp. Date	Registration No.

EMPLOYMENT EXPERIENCE

Start with your present or last job and include employment for the last 10 years. Include military service assignments and volunteer activities. Exclude organization names which indicate, for example, race, color, religion, sex, age, disability or national origin.

Employer : Telephone (_____) _____ Address _____	Dates Employed From _____ To _____	Summarize the nature of the work performed:
Job Title _____	Hourly Rate/Salary Start: _____ Final: _____	
Immediate Supervisor/Title _____		
Reason for Leaving _____		
May we contact for reference? ____ Yes ____ No ____ Later		

Employer : Telephone (_____) _____ Address _____	Dates Employed From _____ To _____	Summarize the nature of the work performed:
Job Title _____	Hourly Rate/Salary Start: _____ Final: _____	
Immediate Supervisor/Title _____		
Reason for Leaving _____		
May we contact for reference? ____ Yes ____ No ____ Later		

REFERENCES

List Names and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

State any additional information you feel may be helpful to us in considering your application or comments. _____

APPLICANT'S STATEMENT

I understand and agree that any misrepresentation by me in this application will be sufficient cause for rejection of this application and/or termination of employment if I am hereafter employed by the Company. Furthermore, if I am hired, I understand that I am free to resign at any time, and that the Company reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no such employment relationship must be made in writing and signed by an authorized representative of the Company.

I understand that if you make an offer of employment to me it may be a conditional offer of employment. I may be required to submit to a pre-employment medical exam, to provide information in response to your medical inquiries, the results of which might disqualify me from employment. If requested, I agree to furnish such information and to submit to such examinations.

I understand that I may be requested to submit to a test to detect the current illegal use of drugs, and if the test results identify that I am a current illegal use of drugs I will not be eligible for employment by the Company. I further understand that I have the right to refuse to submit to such tests of my own free will.

I authorize the Company to make a thorough investigation of my past employment, education and job-related activities. To the extent permitted by law, I release the Company from any liability which might result from making such investigation and I also release from any liability all persons and entities supplying such information.

I acknowledge that the Company is an equal opportunity employer and that the Company does not discriminate in employment. I understand that no question on this application is used for the purpose of limited or excluding the Company's consideration of me for employment on a basis prohibited by federal, state or local law, nor is it used by the Company for the purpose of attempting to obtain information prohibited by federal, state or local law.

I understand that the Company will consider this application to contain current information for a period of only sixty (60) days. At the expiration of sixty (60) days, if I have not heard from the Company and if I still desire to be considered for employment I understand that it will be necessary for me to complete a new application.

Signature _____

Date _____