

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Years of School Completed		
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High School Name:	Location:
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List Every Business, Trade School, or College Attended	Location (Address, City, State, Zip)	Dates Attended (From – To)	Degree Received/ Course of Study

If you did not earn a degree from college, how many total hours have you successfully completed? Quarter _____ Semester _____

Were you involved in any extracurricular activities in high school or college that you feel could be beneficial to you in the position you are applying for? (Organizations, offices held, awards, honors received, etc.)

Yes No If yes, please explain _____

Do you currently have any specialty license(s) or an apprenticeship(s) other than from your above schooling?

Yes No If yes, please list _____

OTHER INFORMATION

Have you been convicted of a crime in the past 10 years, excluding misdemeanors & summary judgments? Yes No

If yes, describe in detail: _____

Are you able to perform the duties of the job with or without reasonable accommodation? With Without

PRESENT AND PREVIOUS EMPLOYMENT INCLUDING MILITARY SERVICE

(Show most recent employment first)

STARTING SALARY \$ _____ FROM MO _____ YR _____ TO MO _____ YR _____ ENDING SALARY \$ _____	COMPANY _____ SUPERVISOR _____ CITY AND STATE _____ PHONE NUMBER _____ Please list the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at the company. Please complete all blanks thoroughly. Incomplete blanks will not be accepted.
	TITLE OF POSITION HELD AND DUTIES PERFORMED: REASON FOR LEAVING

STARTING SALARY \$ _____ FROM MO _____ YR _____ TO MO _____ YR _____ ENDING SALARY \$ _____	COMPANY _____ SUPERVISOR _____ CITY AND STATE _____ PHONE NUMBER _____ Please list the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at the company. Please complete all blanks thoroughly. Incomplete blanks will not be accepted.
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May we contact your present employer(s)? Yes No

If no, please explain: _____

Did you complete this application yourself? Yes No If not, who did? _____

**** ATTACH RESUME OR LETTER, IF REQUIRED, TO PROVIDE COMPLETE DETAILS
OF EXPERIENCE AND OTHER EMPLOYMENT**

Please list the name and phone number of three references

Name _____ Phone Number (_____) _____ Relationship _____

Name _____ Phone Number (_____) _____ Relationship _____

Name _____ Phone Number (_____) _____ Relationship _____

Important
Read Carefully and Initial Each Paragraph Before Signing

By my signature and initials placed below, I understand that the information provided in this employment application (and accompanying resume, if any) is true and complete; and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to notify the company if any information provided in this application changes while my application is pending or during my period of employment if hired.

Initials _____

I authorize the investigation of all statements contained in this application. I also authorize the company to contact my present employer (unless otherwise noted in my application), past employers, and listed references. I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I release such persons and organizations from legal liability in providing the above information.

Initials _____

I authorize any person, school, current employer (unless otherwise noted in my application), and organizations named in this application form to provide the company with relevant information that may be useful to the company in making a hiring decision; and I release such persons and organizations from any legal liability in making such statements.

Initials _____

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME and may regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME. I understand that I am free to resign at any time. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

Initials _____

This application is current for 45 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application.

Initials _____

The Company is an Equal Opportunity Employer. We do not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

Initials _____

I give permission for a complete pre-employment physical examination, including a drug-screening exam if an offer of employment is made. I consent to the release to the Company any and all medical information as may be deemed necessary in judging my capability to do the work for which I am applying.

Initials _____

Dated: _____ Signed: _____

THIS APPLICATION FOR EMPLOYMENT WILL REMAIN ACTIVE FOR 90 DAYS.