

APPLICATION FOR EMPLOYMENT

(WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER)

APPLICANT'S STATEMENT

I understand that the Company is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give the Company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release such parties from all liability for any damages that may result from furnishing same to the Company. I also authorize the Company to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I understand that the Company reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the Company or its designee. I release the Company and its designee from any and all liability and damages which may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other Company documents are not promises of employment. If I am hired and not employed pursuant to a contract of employment that contains a specific duration of employment, I understand that my employment will be on a trial period for ninety (90) days from the date of my hiring, and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and that the Company has a similar right. I understand that no manager, representative, or agent of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the President may do so in writing. If I am hired under a contract, the contract will control the terms of my employment.

The information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I CERTIFY THAT I HAVE RECEIVED A SEPARATE WRITTEN NOTIFICATION THAT THE COMPANY MAY OBTAIN A CONSUMER REPORT ON ME FOR USE IN CONNECTION WITH MY APPLICATION AND, IF I AM HIRED, MY EMPLOYMENT WITH THE COMPANY. I AUTHORIZE THE COMPANY TO OBTAIN THIS REPORT.

THIS APPLICATION WILL BE CONSIDERED "ACTIVE" FOR A MAXIMUM OF THIRTY (30) DAYS
IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.

_____ Date

_____ Applicant's Signature

Each inquiry on this application must be fully answered or completed. Otherwise, you will not be considered for employment.

PERSONAL DATA

Last Name	First Name	Middle Name
Present Address Street and Number City, State, Zip	How long have you lived there: Years	Months
Telephone Number(s)	Social Security Number	Are you 18 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Desired: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time When are you available for work? _____		
Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe any accommodations required: _____		

PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Include part-time and seasonal employment. If self-employed, give firm name and supply business references. **DO NOT ANSWER "SEE RESUME."** Fill out this form **completely**.

Employer 1		Dates Employed		Work Performed
		From (M/Yr)	To (M/Yr)	
Telephone Number(s)				
Address		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor Name & Title			
Reason for Leaving				
Employer 2		Dates Employed		Work Performed
		From (M/Yr)	To (M/Yr)	
Telephone Number(s)				
Address		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor Name & Title			
Reason for Leaving				
Employer 3		Dates Employed		Work Performed
		From (M/Yr)	To (M/Yr)	
Telephone Number(s)				
Address		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor Name & Title			
Reason for Leaving				
Employer 4		Dates Employed		Work Performed
		From (M/Yr)	To (M/Yr)	
Telephone Number(s)				
Address		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor Name & Title			
Reason for Leaving				

BACKGROUND INFORMATION

Please explain fully any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment.

If hired, can you provide proof that you are legally entitled to work in the U.S.? Yes No

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain circumstances: _____

May we contact your current employer? Yes No

If no, please explain: _____

Have you ever worked for this Company before? Yes No

If yes, please give dates and position: _____

Do you have any friends or relatives working here? Yes No

If yes, Name(s) and Relationship: _____

Have you ever plead guilty, or no contest to, or been convicted of any misdemeanor or felony? Yes No

If Yes, please give the date(s) and details: _____

Have you been arrested for any matters for which you are out on bail on your own recognizance pending trial? Yes No

If Yes, please give the date(s) and details: _____

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering this question.)

Do you have any commitments to any other employer which may affect your employment? Yes No

If yes, explain: _____

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Experience, Training, Skills, and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				

List any professional designations, certifications, licenses, or courses that may be applicable to the position for which you are applying:

PROFESSIONAL REFERENCES

Name	Relationship	Telephone Number
1.		
2.		

OTHER INFORMATION

Please describe any other experience that you have which would be relevant to the job for which you are applying:

DRIVING INFORMATION (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license? Yes No If yes, License No.: _____ State: _____ Expiration Date: _____

If you do not have a driver's license for the state in which you currently reside, why not? _____

Has your license ever been suspended or revoked? Yes No If yes, explain: _____

Do you have personal automobile insurance? Yes No If no, explain: _____

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? Yes No If yes, explain: _____

Have you ever been convicted, pled guilty, or pled nolo to a charge of DWI or DUI? Yes No

Are any such charges currently pending against you? If yes to either question, explain: _____

Please list all moving traffic violations in the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS