

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national original, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on bottom of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Job applied for: _____ Today's Date _____

Are you seeking: Full Time ___ Part-time ___ Temporary ___ employment? When could you start work? _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ TELEPHONE NUMBER _____

PRESENT STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Are you 18 years of age or older?.....Yes _____ No _____
(if you are hired, you may be required to submit proof of age).

Social Security # _____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes _____ No _____

Have you ever applied here before? Yes _____ No _____ If yes, when? _____

Were you ever employed here? Yes _____ No _____ If yes, When? _____

Have you ever been convicted of any law violation? Yes _____ No _____
Include any plea of "guilty" or "no contest". Exclude minor traffic violations) If yes, give details _____

(A conviction will not necessarily disqualify an applicant for employment). If employed, do you expect to be engaged in any additional business or employment outside of your job? Yes _____ No _____ If yes, give details _____

Do you have a valid driver's license? Yes _____ No _____ Driver's License # _____
Class of license _____ State Licensed in _____ Have you had your driver's license suspended or revoked in the past 3 years? Yes _____ No _____ If yes, give details _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and membership which reveal race, color, religion, national original, sex, age, disability or other protected status.)

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/ Degree/ Certifications	Subjects Studies
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High School or GED: _____

College of University: _____

Vocational or Technical: _____

What skills or additional training do you have that relate to the job for which you are applying? _____

What machines or equipment can you operate that relate to the job for which you are applying? _____

List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service, any period of unemployment. If self-employed give firm name and supply business references. NOTE: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR):
CITY/STATE/ZIP	FROM: TO:
TELEPHONE: SUPERVISOR:	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR):
CITY/STATE/ZIP	FROM: TO:
TELEPHONE: SUPERVISOR:	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR):
CITY/STATE/ZIP	FROM: TO:
TELEPHONE: SUPERVISOR:	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR):
CITY/STATE/ZIP	FROM: TO:
TELEPHONE: SUPERVISOR:	REASON FOR LEAVING

Have you or worked or attended school under any other names? YES _____ NO _____

If yes, give names: _____

Are you presently employed? YES _____ NO _____ If yes, who do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? YES _____ NO _____ If yes, explain: _____

Give three references, not relatives or former employers:

NAME	ADDRESS	PHONE

Please read each statement carefully before signing

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization's representative for details.