

APPLICATION FOR EMPLOYMENT

FEDERAL LAW PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, DISABILITY, SEX OR NATIONAL ORIGIN, AS WELL AS DISCRIMINATION ON THE BASIS OF AGE AGAINST PERSONS BETWEEN THE AGE OF 40 AND 65 INCLUSIVE.

PLEASE PRINT CLEARLY

Date: _____

PERSONAL

First name: _____ Middle: _____ Last: _____

Address: _____ Social Security No.: _____

City: _____ State: _____ Zip: _____ Telephone No.: _____

How many addresses have you had in the last 3 years? _____

How did you find out about this job? Newspaper _____ Referral _____ Other _____

Driver License #: _____ State: _____ Expiration Date: _____

If hired, do you have a reliable means of transportation? Yes No Do you smoke? Yes No

Salary desired: _____ Least acceptable salary: _____

Are you a U.S. citizen? Yes No If no, do you have the legal right to work in the U.S. (i.e., green card?) Yes No

Are you at least 16 years old? Yes No

EMPLOYMENT

Are you seeking Full time Part time Temporary

What position are you applying for? _____

Please indicate any day(s) you would not be available to work: _____

Are you willing to work overtime? Yes No Weekends? Yes No

Experience, special skills, or training: _____

Are you currently employed? Yes No When would you be able to start? _____

Have you ever worked for this company before? Yes No If "Yes", under what name: _____

List any friends or relatives employed by this company: _____

Are you on layoff and subject to recall? Yes No

Have you ever been discharged or asked to resign from any position Yes No

If "Yes" please describe: _____

How many days have you missed from work within the last 12 months? _____ Times Late _____

How many days of work have you missed in the last three years for other than illness. _____

Please describe _____

EDUCATION

Please circle the highest level you attained

Elementary 1 2 3 4 5 Middle 6 7 8 High School 9 10 11 12 G.E.D.

School Name: _____ City: _____

College 1 2 3 4 5 6 7 8

School Name: _____ City: _____

Degree: _____ Major: _____

If currently in high school, are you enrolled in a recognized co-op program: (such as D.E., C.V.A., V.O.E.) Yes No

If yes, identify program and school: _____

MILITARY SERVICE

Are you a veteran? Yes No If yes, give dates of service: From: _____ To: _____

Special skills or training: _____

WORK HISTORY

Please list your last 4 employers. Begin with the most recent employer.

1. Company: _____ Phone #: _____ From: Mo. ____ Yr. ____
Address: _____ Salary: _____ To: Mo. ____ Yr. ____
Job Title: _____ Give specific reason for leaving: _____
Supervisor's name and title: _____ Starting Salary: _____ Ending Salary: _____
Describe duties briefly: _____

2. Company: _____ Phone #: _____ From: Mo. ____ Yr. ____
Address: _____ Salary: _____ To: Mo. ____ Yr. ____
Job Title: _____ Give specific reason for leaving: _____
Supervisor's name and title: _____ Starting Salary: _____ Ending Salary: _____
Describe duties briefly: _____

3. Company: _____ Phone #: _____ From: Mo. ____ Yr. ____
Address: _____ Salary: _____ To: Mo. ____ Yr. ____
Job Title: _____ Give specific reason for leaving: _____
Supervisor's name and title: _____ Starting Salary: _____ Ending Salary: _____
Describe duties briefly: _____

4. Company: _____ Phone #: _____ From: Mo. ____ Yr. ____
Address: _____ Salary: _____ To: Mo. ____ Yr. ____
Job Title: _____ Give specific reason for leaving: _____
Supervisor's name and title: _____ Starting Salary: _____ Ending Salary: _____
Describe duties briefly: _____

May we contact the employers listed above? Yes No If no, tell us which one(s) you do not wish us to contact and why.

How many jobs have you had in the last 10 years that are not listed above? _____

Why are you seeking a new job at this time? _____

What job have you enjoyed most and why? _____

List any outside interests or organizations you're active in that are business related: _____

Bonding and money handling security policies require that we ask if you have ever been convicted of a felony Yes No.
On parole Yes No or awaiting trial Yes No.

If yes, state the nature of the offense and disposition of the case, Include dates and places; NOTE: Felony convictions or the existence of a criminal record does not constitute an automatic bar to employment: _____

I authorize this company to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or termination of employment. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigative report they deem necessary through third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits and conditions at any time. I have read and understand the above.

Applicant's Signature _____ Date _____

CHECK OVER THE APPLICATION, BE SURE IT IS COMPLETE AND SIGNED

FOR EEOC REPORTING ONLY

Check One of the Following: (Ethnic Origin)

<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander

SEX: Male Female

AGE: (between 40 and 65) Yes No