

EMPLOYMENT APPLICATION

TODAY'S DATE: _____

NAME: _____ SOCIAL SECURITY # _____ - _____ - _____
Last First M.I.

HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____
_____ Street City State Zip Code

BIRTH DATE: _____ MARRIED _____ (Yes) _____ (No)
DEPENDENTS _____

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed or national origin.

AVAILABILITY

DATE AVAILABLE _____ FULL TIME, TEMPORARY or PART TIME _____ WAGE DESIRED _____

JOB-RELATED SKILLS

If the job requires, do you have the appropriate valid drivers license? _____

Name on License _____ DL# _____ TYPE _____ STATE OF ISSUE _____

Have you had any moving violations within the last seven years? _____

Please describe _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company _____

SECURITY

Have you used any name or Social Security numbers other than those on this page? _____

If so, please list on bottom.

Have you been convicted of a felony and/or served time in the past seven years? _____

If so, please describe below. (In accordance with company policy this information will be reviewed for job relatedness and time since last conviction).

INCIDENT	City/State	Charge
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1. _____

2. _____

COMMENTS:

EMPLOYMENT REFERENCES:

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

Employment

Please give accurate, complete full-time & part-time employment record
Start with your present or most recent employer

1.	Company Name	Supervisor	Telephone ()	
	Address	Employed - (Month & Year)		
	.	From	To	
	Job Title & Describe Your Work	Hourly Pay		
	.	Start	Last	
	Reason for Leaving	.		

2.	Company Name	Supervisor	Telephone ()	
	Address	Employed - (Month & Year)		
	.	From	To	
	Job Title & Describe Your Work	Hourly Pay		
	.	Start	Last	
	Reason for Leaving	.		

3.	Company Name	Supervisor	Telephone ()	
	Address	Employed - (Month & Year)		
	.	From	To	
	Job Title & Describe Your Work	Hourly Pay		
	.	Start	Last	
	Reason for leaving	.		

Do Not Contact

We may contact the employers listed above unless you indicate those you do not want us to contact.

Employer Number(s) _____ Reason _____

REFERENCES: Include only individuals familiar with your work ability. Do not include relatives.

Name	Address/Phone	Years known/Relationship
1	_____	_____
2.	_____	_____

EDUCATION:

High School _____

College _____

Other _____

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature

Date