

## \*\*APPLICATION FOR EMPLOYMENT\*\*

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. ALL APPLICANTS ARE CONSIDERED FOR EMPLOYMENT BASED ON THEIR QUALIFICATIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, HANDICAP, MARITAL OR VETERAN STATUS.

DATE OF APPLICATION:				
INTRODUCTORY INFORMATION				
NAME: (LAST NAME) (FIRE	ST NAME)	(MIDDLE)		
		, ,		
ADDRESS: (STREET)	(CITY)	(STATE)	(ZIP)	
TELEPHONE:				
ARE YOU A CITIZEN OF THE U.S. OR AN ALIEN AUTHORIZED TO WORK IN THE US YESNO				
MARITAL STATUS: SINGLEDIVORCED	MARRIED			
STATE YOUR AGE: AND DATE OF BIRTH:				
POSITION DESIRED:	DAT	E YOU CAN STAF	RT WORK:	
WAGE DESIRED:PER	· · · · · · · · · · · · · · · · · · ·			
ARE YOU WILLING TO TRAVEL?				
DO YOU KNOW ANYONE WHO WORKS	S HERE?	WHO?		

WHO REFERRED YOU TO THE COMPANY?

## **EDUCATION AND TRAINING**

DID YOU COMPLETE HIGH SCHOOL?	ACQUIRE A G.E.D.?			
IF NOT, YOUR HIGHEST GRADE COMPLETED WA	AS:			
NAME AND LOCATION OF LAST SCHOOL ATTENDED:				
JOB RELATED COURSES COMPLETED OR OTHER SKILLS ACQUIRED:				
COLLEGE OR GRADUATE SCHOOL COMPLETED:				
AREAS OF STUDY:				
DEGREES RECEIVED:				
LIST TRADE OR TECHNICAL SCHOOLS ATTENDED AND YEARS COMPLETED:				
PRESENT OR LAST EMPLOYER NAME:				
NAME:	<del>_</del>			
ADDRESS:	TYPE OF BUSINESS:			
START DATE:	DEPARTURE			
DATE:	BEITHNI ONE			
DATE: STARTING POSITION: FINAL POSITION:	STARTING PAV:			
FINAL POSITION:	FINAI			
PAY:	I INAL			
NAME AND TITLE OF IMMEDIATE				
SUPERVISOR: DESCRIPTION OF YOUR RESPONSIBILITIES:				
REASON FOR LEAVING:				
IF YOU ARE STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER AT THIS TIME?				
IF YOU ARE STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER AT THIS TIME?				
NEXT PREVIOUS EMPLOYER				
NAME:				
ADDREGG				
ADDRESS:				
DATE HIRED:	DEPARTURE DATE:			
DATE HIRED: STARTING POSITION:	STARTING			
PAV.	STACING			
PAY:FINAL POSITION:	FINAL			
PAY:	IMAL			
NAME AND TITLE OF IMMEDIATE				
SUPERVISOR:				
DESCRIPTION OF YOUR RESPONSIBILITIES:				
DESCRIPTION OF YOUR RESPONSIBILITIES:REASON FOR LEAVING:				

## **MILITARY SERVICE**

## PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

I CERTIFY THAT ALL THE INFORMATION I HAVE SUPPLIED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION WHICH, IF KNOWN TO THE COMPANY, WOULD AFFECT MY APPLICATION UNFAVORABLY. I UNDERSTAND THAT ANY FALSE, MISLEADING AND/OR INCOMPLETE STATEMENTS ON THIS APPLICATION AND/OR IN ANY INTERVIEW, CONSTITUTE SUFFICIENT CAUSE FOR THE COMPANY NOT TO EMPLOY ME, AND IF EMPLOYED, TO TERMINATE MY EMPLOYMENT.

I AUTHORIZE AN INVESTIGATION TO BE CONDUCTED CONCERNING ALL OF THE INFORMATION I HAVE SUPPLIED ON THIS APPLICATION, AND ALL OTHER INFORMATION WHICH THE COMPANY DEEMS TO BE RELEVANT TO MY QUALIFICATIONS FOR EMPLOYMENT. I FURTHER AUTHORIZE

MY PRESENT EMPLOYER, ANY FORMER EMPLOYER, EDUCATIONAL INSTITUTION, LAW ENFORCEMENT ORGANIZATION, CONSUMER REPORTING AGENCY, PROFESSIONAL OR PERSONAL REFERENCE OR OTHER APPROPRIATE SOURCE OR INDIVIDUAL TO PROVIDE ALL INFORMATION THAT IS REQUESTED IN CONNECTION WITH SUCH INVESTIGATION. I UNDERSTAND THAT IF AN INVESTIGATIVE REPORT IS REQUESTED FROM A CONSUMER REPORTING AGENCY, I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME FOR A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION REQUESTED. I RELEASE THE COMPANY AND ALL NAMED AND UNNAMED SOURCES FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING INFORMATION CONCERNING ME.

I AGREE TO TAKE ANY LAWFUL EXAMINATION OR TEST, INCLUDING ANY DRUG AND/OR ALCOHOL TEST, REQUIRED BY THE COMPANY AS A CONDITION OF MY BEING HIRED, OR IF I AM HIRED, AS A CONDITION OF MY CONTINUED EMPLOYMENT. I FURTHER AGREE THAT MY REFUSAL TO TAKE ANY SUCH LAWFUL EXAMINATION OR TEST WILL CONSTITUTE SUFFICIENT CAUSE FOR THE COMPANY NOT TO EMPLOY ME, OR IF I AM EMPLOYED, TO TERMINATE MY EMPLOYMENT.

I RELEASE THE COMPANY AND ALL OTHER NAMED OR UNNAMED SOURCES FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM ANY LAWFUL EXAMINATION OR TEST.

IF I AM EMPLOYED, I AGREE THAT IN CONSIDERATION FOR MY EMPLOYMENT, I WILL CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY. I UNDERSTAND THAT THOSE RULES AND REGULATIONS MAY BE ALTERED, AMENDED OR REPEALED BY THE COMPANY AT ANY TIME, AT THE COMPANY'S SOLE OPTION AND WITHOUT ANY PRIOR NOTICE TO EMPLOYEES.

I ACKNOWLEDGE THAT IF I AM EMPLOYED, MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME.

SIGNATURE OF APPLICANT	DATE
WITNESS	DATE