



APPLICATION FOR EMPLOYMENT

(Please print all information requested except signature)

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

PERSONAL

Last Name	First Name	MI	Social Security No.
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Present Address	City	State	Zip	Telephone ()
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Verification and completion of Form I-9 must be submitted no later than three business days after date of hire

Are you less than 18 Years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you provide proof of identity and legal authorization to work in the U.S. ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other name(s) under which you have been previously employed:
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Names of friends or relatives employed in this organization:	Have you ever applied to this organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date and position applied for:
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Have you ever been employed by our organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give dates of employment:	Are you willing to work overtime or flexible work schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT INTERESTS

Position desired or area of interest:	Date available:	Salary expected:
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Type of employment desired: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time (Specify Hours) _____	How were you referred to this organization?
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Within the past ten (10) years, have you been convicted of a felony? (Do not include convictions that were sealed, eradicated, erased, or expunged; convictions that resulted in referral to a diversion program; or marijuana-related convictions that are more than two (2) years old.)

Yes No If Yes, please explain so that individual circumstances can be considered. _____

EDUCATION/U.S. MILITARY SERVICE

Education	School Name and Location	Course of Study	Graduate ?	# of Years Completed	Degree/Major
High School					
College					
Other					

List special technical skills that you feel qualify you for the job for which you are applying (i.e., computer programming/language, software, equipment operation, special tools or machines, etc.):

Honors or Awards received:	Are you taking any educational courses presently? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What & Where? _____
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U.S. Military duties and special training which you believe are relevant to the position(s) desired:

EMPLOYMENT HISTORY

Give employment record as completely as possible, listing current or most recent employer first, show unemployed or self-employed periods and indicate dates and comment on each period, include part-time or summer work. You may use extra sheets for additional information.

Company Name (Current or Last)	Dates Employed (Month/Year) From: To:
Address	Telephone ()
Base rate of pay (Hour/Week/Month)	Supervisor's name & Title Job Title

Description of duties:		Reason for leaving	
		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name		Dates Employed (Month/Year) From: To:	
Address		Telephone ()	
Base rate of pay (Hour/Week/Month)	Supervisor's name & Title		Job Title
Description of duties:		Reason for leaving	
		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name		Dates Employed (Month/Year) From: To:	
Address		Telephone ()	
Base rate of pay (Hour/Week/Month)	Supervisor's name & Title		Job Title
Description of duties:		Reason for leaving	
		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Name	Address	Telephone #	Relationship (i.e., friend, co-worker)	Years Known

ACKNOWLEDGEMENT

I understand that prior to finalization of any offer of employment regarding certain job positions, the company may condition the offer of employment on satisfactory completion of a medical examination and/or a drug and alcohol screen. I agree to sign a release of medical information authorization form, and to submit to a medical examination and/or drug and alcohol screen should the employer condition my offer of employment upon successful completion of such an examination or screening.

Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job offer extended to me will be withdrawn and if employed, I may be subject to immediate dismissal.

I authorize my employer to make any investigation allowed by law which my employer deems necessary for employment consideration and promotion within the organization.

I understand that this employment application and any offer of employment are not to be construed as a guarantee of employment for a specific time. I further understand that my employment with the organization does not constitute any form of contract, implied or expressed, and such employment will be terminable at will for any reason either by myself or my employer upon notice of one party to the other. This at will aspect of my employment cannot be changed, waived or modified except by an express provision in an individual written employment contract signed by me and the employer's President.

Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to my employer, or its products, customers, employees, plans or procedures. I agree to deliver to my employer any and all copies of confidential information, or other Company property, upon termination of the employment relationship or at any time upon my employer's request. I also agree not to solicit employees of my employer either during or for one year after employment to leave this employer and commence work with another Company.

I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above supercede and replace any prior understandings or discussions I have had with my employer and set forth the complete agreement between me and my employer regarding these matters.

Date ____ / ____ / ____

Signature _____