

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

Date _____ Social Security No. _____

Name _____ Telephone No. (____) _____
Last First Middle Area Code

Present Address _____
No. Street City State Zip

Are you 18 years of age or older? Yes No Are you legally eligible for employment in the U.S.A.? Yes No

Position(s) applied for _____ Rate of pay expected \$ _____ per hour

Did someone recommend you to apply? If so, who? _____

Would you work Full-Time? _____ Part-Time? _____ Specify days and hours if Part-Time _____

Are you willing and able to work any shift available? Yes No

Please rank shift preference 1st shift 2nd Shift 3rd Shift
1 = most preferred 7:00 a.m. - 3:20 p.m. _____ 3:00 p.m. - 11:20 p.m. _____ 11:00 p.m. - 7:20 a.m. _____
2 = next preferred
3 = least preferred

Are you willing to work additional hours as necessary? Yes No

Have you been convicted of a felony? Yes No (Convictions will not necessarily disqualify applicant from employment.)

If yes, please explain _____

Were you previously employed by us? Yes No If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? _____

State additional information you feel may be helpful in considering your application: _____

EDUCATIONAL BACKGROUND				
	Name and Location of School	Number of Years Attended	Did You Graduate?	Major or Subjects You Liked Most
High School				
College				
Other				

List below all present and past employment, beginning with your most recent.

1.

Name and Address of Company and Type of Business	From		To		Describe the work you did	Week/Hour Starting Wage	Week/Hour Last Wage	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

2.

Name and Address of Company and Type of Business	From		To		Describe the work you did	Week/Hour Starting Wage	Week/Hour Last Wage	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

3.

Name and Address of Company and Type of Business	From		To		Describe the work you did	Week/Hour Starting Wage	Week/Hour Last Wage	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

4.

Name and Address of Company and Type of Business	From		To		Describe the work you did	Week/Hour Starting Wage	Week/Hour Last Wage	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

5.

Name and Address of Company and Type of Business	From		To		Describe the work you did	Week/Hour Starting Wage	Week/Hour Last Wage	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

MILITARY SERVICE RECORD

Where you in U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____
Month Day Year Month Day Year

List duties in the service, including special training _____

Have you taken any training under the G.I. Bill of Rights? Yes No If yes, what training did you take? _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

PLEASE READ CAREFULLY

1. Equal Employment Opportunity. We are an equal opportunity employer. We do not discriminate against applicants or employees on the basis of race, color, religion, sex, national origin, age or physical or mental disability or any other protected categories required by state or local law. This policy of nondiscrimination extends to all terms, conditions and privileges of employment and to all personnel actions.

2. Authorization by Application. I authorize employer to contact my former employers and references listed on this application, and I authorize such individuals and organizations to release information required. The information I have supplied on this application and by way of any oral statements is true and accurate, and I understand that any intentional misstatements by me may result in immediate dismissal. I also authorize investigation into all criminal records and statements.

3. Employment at Will. In consideration of my employment, I understand that my employment and compensation may be terminated with or without notice, at any time, at the option of either the Company or myself. I understand that no other company official has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except by a written document dated and signed by myself and an officer of the Company. I also understand that the guidelines contained in the employee handbook do not constitute a contract of employment and may be modified by management at any time. Also, I will abide by all company policies.

4. I understand that any falsification or material **misrepresentation of any information** supplied by the applicant on this employment application form will be grounds for rejecting his or her application for employment and for dismissal if the falsification or misrepresentation is discovered after the individual is hired.

5. By my signature below, I voluntarily and knowingly consent to take any physical and/or medical examinations, including blood, urine and/or other tests for alcohol, drugs, and/or controlled substances at any time and as requested by my employer. Furthermore, I give my consent for the release of the test results and other relevant medical information to employer for review and appropriate action. I understand that, if employed, I may be subject to disciplinary action, including dismissal, for refusal to comply with such testing and/or if the results of my test are found to be positive (the presence of alcohol, drugs, and/or controlled substances). I voluntarily consent to abide by all Drug Free Work Place Policies.

6. I understand that this application will remain effective for a period of ninety (90) days from the date submitted and, thereafter, that I must re-apply if I wish to continue to be considered for employment.

Applicant's Signature

Date