

City/State/Zip_

Telephone_

APPLICATION FOR EMPLOYMENT

Name			Social Se	curity No	
Last	First	Middle			
Present Address			How long	g have there?	
Street & No	o. City/State	e Zip			
Previous Address				g did here?	
Street & No	. City/State	e Zip			
Telephone No			Are you 2	25 years of age or o	older? () Yes() No
Have you ever work	ed for this company	y before? () Yes	s () No		
If yes, please	give dates and pos	ition:			
Do you have any frie	ends or relatives wo	orking here? ()	Yes () No		
If yes, Name	· 		R	elationship:	
Have you ever pled g prosecution deferred If yes, please		y criminal charge	es pending? ()	Yes () No	,
PREVIOUS EMPL	OYMENT				
Please list the names listed first. Be sure t	• •	1 1		•	oresent or last employer nent.
Present or Past Employ Address		From:To:	Pay:	Position: Supervisor:	Reason for Leaving:
Telephone		_		Position:	Reason for Leaving:
Present or Past Employ Address		From: To:	Pay:	Supervisor:	
Present or Past Employ		From:	Day.	Position:	Reason for Leaving:

To:

Present or Past Employer Address	To:	Pay:	Position: Supervisor:	Re	eason for Leaving:
Present or Past Employer Address City/State/Zip Felephone	From: To:	Pay:	Position: Supervisor:	Reason for Leaving:	
Have you ever been termina	ated? () Yes () No If y	es, please ex	plain circumsta	nces:	
	is in vour employment histor	rv:			
Please explain fully any gap	School Name/Location		Years Completed	Degree	Study/Major
			Years Completed	Degree	Study/Major
EDUCATION				Degree	Study/Major
EDUCATION Elementary				Degree	Study/Major
EDUCATION Elementary High School				Degree	Study/Major
Elementary High School College/University				Degree	Study/Major

PERSONAL REFERENCES

(No relatives)

Name	Relationship	Address	Telephone No.

This application will be considered active for employment after that time, you must reapp	or a maximum of (30) days. If you wish to be considered for oly.
I HEREBY CERTIFY that all of the inform	nation that I have provided in this application is true and accurate.
Date	Signature of Applicant
TOTAL A.	

This company is an equal opportunity employer and does not discriminate because of race, color, religion, sex, age, citizenship, martial status, disability, or national origin.

EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice of reason, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed, my employment will be for no definite period and "at-will."

By signing this application, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, Department of Motor Vehicle reports, and investigative consumer reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.