



Application for Employment

Please Read Before Completing This Application

This Company does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age with respect to persons 18 years or older. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **This Company intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for thirty (30) days. If you have not heard from the Company within thirty days and wish to receive further consideration for employment, it will be necessary for you to request in writing that the Company reactivate your application for another thirty days.

Position applying for:	Referred by:	Date:
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Personal Information

Home Phone:		Other Phone:		Email:	
Last Name:	First Name:	Middle Name:	Are you 18 years or older: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Address:					
Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you ever been convicted of a crime other than a minor traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/>					
<i>Do not include sealed and expunged convictions</i>					
If yes, explain:					
<i>(A "yes" answer does not necessarily preclude consideration for employment)</i>					

Education / Training

Type	Name / Location of School	Major Subject	Last Grade Completed	Graduate Y / N	GPA
High School					
College					
Graduate School					
Business / Trade					
Other (specify)					
List Degree(s) Obtained:					

Work History (Please list most recent employment first. Attach additional pages if necessary.)

Are you currently covered by a non-compete agreement with any former employer? Yes No

If yes, identify employer _____

May we contact this employer? Yes No

Firm:	Location:	Position / Title:
Start Date: (Month / Yr)	End Date: (Month / Yr)	Supervisor:
Starting Salary: Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr <input type="checkbox"/>	Ending Salary: Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr <input type="checkbox"/>	Supervisor's #:
Specific Reason for Leaving:	Major Responsibilities / Duties:	

May we contact this employer? Yes No

Firm:	Location:	Position / Title:
Start Date: (Month / Yr)	End Date: (Month / Yr)	Supervisor:
Starting Salary: Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr <input type="checkbox"/>	Ending Salary: Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr <input type="checkbox"/>	Supervisor's #:
Specific Reason for Leaving:	Major Responsibilities / Duties:	

May we contact this employer? Yes No

Firm:	Location:	Position / Title:
Start Date: (Month / Yr)	End Date: (Month / Yr)	Supervisor:
Starting Salary: Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr <input type="checkbox"/>	Ending Salary: Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr <input type="checkbox"/>	Supervisor's #:
Specific Reason for Leaving:	Major Responsibilities / Duties:	

May we contact this employer? Yes No

Firm:	Location:	Position / Title:
Start Date: (Month / Yr)	End Date: (Month / Yr)	Supervisor:
Starting Salary: Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr <input type="checkbox"/>	Ending Salary: Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr <input type="checkbox"/>	Supervisor's #:
Specific Reason for Leaving:	Major Responsibilities / Duties:	

Employment

Have you ever applied to work for this Company or an affiliated Company before?	If yes, when?
Have you ever worked for this Company or an affiliate?	If yes, when?
If yes, give the name(s) if different from the one given on this application.	
Are you available to work any schedule?	Any day of the week?
If not available to work any schedule or any day of the week, for what days and times are you available?	
When would you be available to start?	

Special Skills

What knowledge, special technical or computer skills, honors, leadership skills, certified first aid / emergency response training and/or other qualifications have you acquired from employment, training, or experience? Indicate any specific equipment that you can proficiently operate.

Military

Branch of Service:
Duties in the Service, including schools and training:

Relatives / Acquaintances in Our Employment

Name	Relationship	Name	Relationship

References

Please provide three (3) references other than former employers or relatives.

<u>Name</u>	<u>Occupation</u>	<u>Years Known</u>	<u>Phone</u>	<u>Address</u>

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information, and I also release the Company from all liability that might result from making an investigation.

If hired, I agree to abide by all of the Company rules and regulations, and understand that, if employed, my employment is at-will, which means that neither I nor the Company has entered into a contract regarding the duration of my employment. I am free to terminate my employment with the Company at any time, with or without reason. Likewise, the Company has the right to terminate my employment, or otherwise transfer me at any time, with or without reason, at the discretion of the Company. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the Company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or CEO, or to make any agreement contrary to the foregoing.

I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by the Company, I agree to abide by all present and subsequently issued rules of the Company.

I further understand that, if employed, my employment with this Company shall be considered to be in an introductory period for the first ninety (90) days, and, further that at any time during the introductory period and thereafter, my employment with the Company is terminable at will for any reason by either party.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____

DATE _____