



Application For Employment

Please Read Before Filling Out 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 anything from the Company within thirty days and wish to receive further consideration for employment, it will be necessary to complete another application form.

Personal Data

Social Security Number _____

Name _____
(Last) (First) (Middle)

Are you 18 years or older? Yes _____ No _____

Address _____
(Street) (City) (State) (Zip)

Telephone Number _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes _____ No _____

If 'Yes', explain _____
(A 'Yes' answer to this question does not necessarily preclude consideration for employment)

Educational Data

Circle Highest Grade Completed:

1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	1	2	3	4
Grade, Junior High or High School												College or University					Graduate School			

Type of School	Name of School	Location	Major Subject or Course of Study	Did you Graduate?
Junior High School			////////////////////	
High School				
College				
Business or Trade				
Correspondence				
Other (specify)				
Graduate				

List Of Degree(s) Obtained:

Employment

Job applied for _____ Salary Desired _____

Have you ever worked here before? _____ When? _____

Have you ever worked for this Company before? _____ When? _____
 If yes, give the name(s) if different from the one given on this application _____

Are you available to work any shift? _____ Any day of the week? _____

If not, for what shifts and days are you available? _____

When could you report to work? _____

Work History

From (mo./yr.)	Company	Telephone ()	Starting Salary \$ per
To (mo./yr.)	Address	City	State Zip Final Salary \$ per
Supervisor's Name/Title		Type of Business	If current employer, __yes may we contact? __no
Your Position/Title		Responsibilities/Duties	
Specific Reason For Leaving			

From (mo./yr.)	Company	Telephone ()	Starting Salary \$ per
To (mo./yr.)	Address	City	State Zip Final Salary \$ per
Supervisor's Name/Title		Type of Business	
Your Position/Title		Responsibilities/Duties	
Specific Reason For Leaving			

From (mo./yr.)	Company	Telephone ()	Starting Salary \$ per
To (mo./yr.)	Address	City	State Zip Final Salary \$ per
Supervisor's Name/Title		Type of Business	
Your Position/Title		Responsibilities/Duties	
Specific Reason For Leaving			

Relatives in Our Employment

Name	Relationship	Name	Relationship

Military

Branch of Service:

Duties in the service, including schools and training:

Special Skills

What knowledge, special technique or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate.

List any first aid or emergency response training for which you are currently certified (give date of certification).

References

Give three references who are not relatives or former employers.

Name	Occupation	Years Known	Phone	Address

Affidavit

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to the Company my record, reason for leaving and all information they may have concerning me, and hereby release them and the Company from all liability for any damage whatsoever arising therefrom.

I authorize neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish the Company with information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements.

I understand that in event of my employment by the Company, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. 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.

Signature _____

Date _____