Application For Employment

An Equal Opportunity Employer M/F/V/D

Note: Please answer all questions. Be sure to date and sign this application. Applicants may request assistance, if needed, to complete the application.

PERSONAL DATA						
NameLast	First	Middle	Date			
Present AddressStreet	City	State	Telephone			
Telephone number other than home where you can be reached						
Are you under age 18 Yes	No If yes, do	you have a work permit?	Yes No			
Position applying for:			Shift:			
Date available for work: Referred by:						
Have you applied for a job at this company before?When?						
Have you worked for this company before?When?						
Do you have relatives employed by this company?						
If yes, indicate name and relationship:						
1)						
2)						
3)						
In case of emergency, please notify:	Name		Telephone			
Are you willing to relocate? Yes No						

	EDUCATIONAL BA	ACKGROUND	
Education Circle Highest Grade Completed	Name & Address of School	Course of Study	Degree Received
High School			N/A
9 10 11 12	2		IV A
College			
1 2 3	1		
Graduate School			
1 2 3	1		
Other/Trade School			
1 2			
Are you currently enro	lled in school? Yes No		
f so, where and what	is your course of study?		
List scholastic honors	attained		

U.S. MILITARY SERVICE					
Branch		Last Rank			
Date Entered		Date Discharged			
Military Job		Reserve Status			
GENERAL					
Have you ever been convicted of a	violation of any federal,	state, county or municipal law, other than minor traffic			
violations? Yes No					
If yes, please explain:					
NOTE: A "yes" answer to this question will not automatically disqualify you from employment with the Company. Any conviction will be evaluated by the company in light of the position that you are seeking.					
	EMPLOYME	NT RECORD			
Begin with the most recent employ	er. Include prior employn	nent with this Company.			
Employer		Job Responsibilities			
Address					
Date Began Date Left	May We Contact?				
Immediate Supervisor	Ending Rate of Pay	Reason for Leaving			
Employer		Job Responsibilities			
Address					
Date Began Date Left	May We Contact?				
Immediate Supervisor	Ending Rate of Pay	Reason for Leaving			
Employer		Job Responsibilities			
Address					
Date Began Date Left	May We Contact?				
Immediate Supervisor	Ending Rate of Pay	Reason for Leaving			
Employer		Job Responsibilities			
Address					
Date Began Date Left	May We Contact?				
Immediate Supervisor	Ending Rate of Pay	Reason for Leaving			

Additional Information

Note: Please answer all questions applicable to you and the position for which you are applying.

Applicant's Statement

- 1. Verification: I hereby certify that all answers given on this application (including supplements) are true and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts given in my application and/or interviews may be sufficient cause for dismissal if and when discovered.
- 2. Application: I understand that completion of this application by me does not indicate there are any positions available and does not in any way obligate this Company.
- 3. Authorization and Release: I authorize this Company to make inquiries into all statements made by me and to obtain any information, transcripts, records, or documents pertaining to my background including but not limited to my personal, employment and financial history and other related matters. I authorize all schools, individuals, and employers to respond to inquiries in connection with my application. I hereby release all parties, including this Company, from any and all liability or damages arising therefrom.
- 4. Employment-At-Will: I understand that this Employment Application and any other Company documents are not promises or contracts of employment. Should I be employed, I understand that my employment will not be for any particular period of time and will be at will. I can therefore terminate my employment with or without cause and with or without notice at any time and the Company has a similar right. I understand that no manager or representative of the Company has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing, except that a corporate officer may do so in writing.
- 5. Physical Examination and Health Statement: I understand that I may be required to complete a health statement and submit to a pre-employment physical after an offer of employment has been made. I release the Company from any and all liability incident to the examination.
- 6. Alcohol and Drug Testing: I agree to submit to a urinalysis and/or blood test for the presence of drugs or alcohol and understand that my offer of employment will be contingent upon the results of these tests. I agree to such an examination and/or testing at the Company's expense. I authorize release of the results to the Company and release the Company from any and all liability incident to the testing.

7. Company Policies: If this application is considered favorably, I agree to abide and comply with all rules and policies of this

Company. I understand that if I do not do so, I may be subject to disciplinary action, up to and including discharge. ____ Yes ____ No I have read each of the above statements. Date: ______ Signature: _____ This application for employment shall be considered active for 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. FOR PERSONNEL DEPARTMENT USE ONLY Arrange Interview _____ Yes _____ No Remarks INTERVIEWER DATE Employed _____ Yes ____ No Date of Employment_____ Hourly Rate/Salary ______ Department _____ Ву _____ NAME AND TITLE NOTES

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