

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Date of Birth	Social Security #	Cell Phone
Physical Address	City, State, Zip	Home Phone
Mailing Address	City, State, Zip	Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYMENT DESIRED

Position	Date Available	Salary Desired
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, may we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever applied to or worked for this Company before? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, Where? When?		

EDUCATION

	Name of School	Location	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree/Subject
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade School			Yes <input type="checkbox"/> No <input type="checkbox"/>	

SPECIALIZED SKILLS List any Skills, Training, Certifications, Equipment Operated:

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FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Dates (Month/Year) From - To	Employer Name & Address	Position	Salary upon Leaving	Reason for Leaving

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address/Phone	Position	Years Acquainted

If you are to be hired by the Company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and your eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on the application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is condition on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all reference listed above from any and all claims, demands or liability arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed terms, and may be terminated at any time, with or without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examination and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my examination and drug test, and if I am hired, a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature _____ Date _____