



EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS-If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete all pages of this application.
3. Print clearly; incomplete or ineligible applications will not be processed.

TODAY'S DATE_____

NAME:_____

LAST	FIRST	MIDDLE	MAIDEN
------	-------	--------	--------

WHO REFERRED YOU:_____

SOCIAL SECURITY NUMBER:_____

HOME PHONE:_____ CELL PHONE:_____

CURRENT ADDRESS:_____

PREVIOUS ADDRESS:_____

EMERGENCY CONTACT:_____

APPLICANT NOTE-This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

AVAILABILITY-For which position are you applying?_____

What category would you prefer? Full-time____ Part -time____ Temporary____

What schedule are you available? Weekdays____ Weekends____ Overtime____

JOB RELATED SKILLS-Do not fill out any part of this section you believe to be non-job related.

Driver's License #_____

Class/Type _____ State of Issue_____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company.

___ Yes ___ No Have you been given a job description or had the requirements of the job explained to you?

___ Yes ___ No Do you understand these requirements?

___ Yes ___ No Are you able to perform the essential functions of the job for which you are applying?

SECURITY- List states and counties of residence for the past seven (7) years

___ Yes ___ No Have you used any other name or Social Security Numbers other than those on this application.

___ Yes ___ No Have you had any moving traffic violations? Please describe below.

INCIDENT	DATE	CITY/STATE	CHARGE
1.	_____		

2.	_____		
----	-------	--	--

3.	_____		
----	-------	--	--

EDUCATION-Please circle the highest grade completed. 7 8 9 10 11 12

NAME	CITY/STATE	GRADUATE/STILL ATTENDING	
HIGH SCHOOL		___Yes	___No
COLLEGE		___Yes	___No
OTHER		___Yes	___No

EMPLOYMENT REFERECNCES –Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

MOST RECENT EMPLOYER Yes No **Are you currently working for this employer?**
 Yes No **If yes, may we contact that employer?**

COMPANY NAME

DATES EMPLOYED

JOB DUTIES

REASON FOR LEAVING

SECOND MOST RECENT EMPLOYER

COMPANY NAME

DATES EMPLOYED

JOB DUTIES

REASON FOR LEAVING

THIRD MOST RECENT EMPLOYER

COMPANY NAME

DATES EMPLOYED

JOB DUTIES

REASON FOR LEAVING

REFERENCES-Include only individuals familiar with your work ability. Do not include relatives.

NAME

2. _____

3. _____

COMMENTS _____

CERTIFICATION AND RELEASE- I CERTIFY THAT I HAVE READ AND UNDERSTAND THE APPLICANT NOTE ON PAGE ONE OF THIS APPLICATION AND THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND THE STATEMENTS MADE BY ME ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS OF FACTS CALLED FOR IN THIS APPLICATION MAY RESULT IN REJECTION OF MY APPLICATION OR DISCHARGE AT ANY TIME DURING MY EMPLOYMENT. I AUTHORIZE THE COMPANY AND OR ITS AGENTS, INCLUDING CONSUMER REPORTING BUREAUS, TO VERIFY ANY OF THIS INFORMATION INCLUDING, BUT NOT LIMITED TO, CRIMINAL HISTORY AND MOTOR VEHICLE DRIVING RECORDS. I AUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES AND LAW ENFORCEMENT AUTHORITIES TO RELEASE ANY INFORMATION CONCERNING MY BACKGROUND AND HERBY RELEASE ANY SAID PERSONS, SCHOOLS, COMPANIES AND LAW ENFORCEMENT AUTHORITIES FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING THIS INFORMATION. I ALSO UNDERSTAND THAT THE USE OF ILLEGAL DRUGS IS PROHIBITED DURING EMPLOYMENT. IF COMPANY POLICY REQUIRES, I AM WILLING TO SUBMIT TO DRUG TESTING TO DETECT THE USE OF ILLEGAL DRUGS PRIOR TO AND DURING EMPLOYMENT.

SIGNATURE

DATE
