



EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical condition, handicap, or disability, or any other legally protected status.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For: _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER / STREET CITY STATE ZIP CODE

TELEPHONE (_____) _____ SOCIAL SECURITY NUMBER _____
AREA CODE

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date: _____

Have you been employed here before? Yes No If Yes, give date: _____

Are you employed now? Yes No May we contact your present or previous employer? Yes No

On what date would you be available for work? _____

Are you available to work: Full-Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony? Yes No

If yes, when, where and what was the disposition of the case? (Conviction may not necessarily bar you from employment)

Describe any specialized training, apprenticeship, skills and extra curricular activities. Also, list professional, trade, business or civic activities and any offices held.

(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or disability, or other protected status):

EDUCATION					
SCHOOL/INSTITUTION	CITY	STATE	HIGHEST GRADE COMPLETED	DID YOU GRADUATE?	
HIGH SCHOOL					
GED					
SCHOOL/INSTITUTION	CITY	STATE	DATES ATTENDED	DEGREE RECEIVED	MAJOR
VOCATIONAL/ TECHNICAL			TO		
COLLEGE/ UNIVERSITY			TO		
COLLEGE/ UNIVERSITY			TO		

Honors Received: State any additional information you believe may be helpful to us in considering your application.

Special Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experience.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or disability or other protected status.

PLEASE EXPLAIN ANY PERIODS OF UNEMPLOYMENT:

EMPLOYER				DATES OF EMPLOYMENT		
ADDRESS	CITY	STATE	ZIP CODE	FROM	MONTH	YEAR
NAME & TITLE OF SUPERVISOR			EMPLOYER'S PHONE NUMBER		TO	YEAR
TITLE OF POSITION		STARTING RATE / SALARY	ENDING RATE / SALARY	____ FULL-TIME ____ PART-TIME		
DESCRIPTION OF WORK/SKILLS						
REASON FOR LEAVING						

EMPLOYER				DATES OF EMPLOYMENT		
ADDRESS	CITY	STATE	ZIP CODE	FROM	MONTH	YEAR
NAME & TITLE OF SUPERVISOR	EMPLOYER'S PHONE NUMBER			TO	MONTH	YEAR
TITLE OF POSITION	STARTING RATE / SALARY	ENDING RATE / SALARY			___ FULL-TIME ___ PART-TIME	
DESCRIPTION OF WORK/SKILLS						
REASON FOR LEAVING						

EMPLOYER				DATES OF EMPLOYMENT		
ADDRESS	CITY	STATE	ZIP CODE	FROM	MONTH	YEAR
NAME & TITLE OF SUPERVISOR	EMPLOYER'S PHONE NUMBER			TO	MONTH	YEAR
TITLE OF POSITION	STARTING RATE / SALARY	ENDING RATE / SALARY			___ FULL-TIME ___ PART-TIME	
DESCRIPTION OF WORK/SKILLS						
REASON FOR LEAVING						

EMPLOYER				DATES OF EMPLOYMENT		
ADDRESS	CITY	STATE	ZIP CODE	FROM	MONTH	YEAR
NAME & TITLE OF SUPERVISOR	EMPLOYER'S PHONE NUMBER			TO	MONTH	YEAR
TITLE OF POSITION	STARTING RATE / SALARY	ENDING RATE / SALARY			___ FULL-TIME ___ PART-TIME	
DESCRIPTION OF WORK/SKILLS						
REASON FOR LEAVING						

REFERENCES

Give names of three (3) people other than relatives or former supervisors who are familiar with your abilities.

NAME	ADDRESS	PHONE NUMBER	OCCUPATION	YRS. KNOWN

EMPLOYMENT AT WILL UNDERSTANDING

I, _____ am aware and understand that this application does not in any way constitute a contract or agreement of any kind. I agree that my employment and compensation, unless pursuant to a collective bargaining agreement, may be terminated for any reason and at any time, with or without cause and with or without prior notice, by either me or the Company. I am aware that no supervisor, manager, or other representative of the Company, other than an officer of the Corporation has any authority to enter into any employment agreement for any reason or for any specified period of time, or to make any agreement contrary to the foregoing provisions. I understand and agree that any publication by the Company or any employee or representative or personnel practice thereof does not constitute an employment agreement, either expressed or implied.

I certify that all information provided by on this application is true and complete to the best of my knowledge and belief, and that I have withheld nothing which would, if disclosed, unfavorably effect my status as an applicant. I understand that employment may be conditional upon review of my consumer reports including criminal records. I understand and agree to submit to testing for drugs and alcohol post offer and as required by the Company's Substance Abuse policy or permitted by applicable law. I authorize the Company to request and obtain records and secure other information to determine the accuracy of my responses and otherwise aid in making an employment decision. I hereby release from liability all individuals and organizations who provide information to the Company and authorize my prior employers to release any requested information.

I submit that the information provided by me in the application for employment is accurate, true and complete and I am aware that if I am employed, any false or misleading statements may be considered as cause for disciplinary action, up to and including termination of employment.

I have read and understand the foregoing statement, accept the terms stated therein, and I understand that nothing contained herein nor any other publication specifies or implies a Just Cause employment agreement.

Signature of Applicant: _____

Date: _____