

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

- Please Print -

Date: _____

Home Telephone: _____

Social Security No. _____

Name _____

Present Address _____

STREET

CITY

STATE

ZIP CODE

Can you, after employment submit verification of your legal right to live and work in the U.S.? Yes No

Driver's License Number _____ State _____

Hire is subject to verification that applicant meets legal age requirements. Are you over 18 years of age? Yes No

Have you been convicted of a felony in the past 10 years? Yes No

A yes answer will not automatically disqualify you for employment as the nature of the offense, date and type of position applied for will be taken into account.

Do you have your own transportation? Yes No

Referred By (Optional):

Newspaper _____ School _____ Friend _____

Employee _____ Other _____

Ever applied and/or worked here before? Yes No

EMPLOYMENT DESIRED

Position(s), _____

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

If no, describe the functions that cannot be performed

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants\employees to perform essential functions.

Note: Hire may be subject to passing a medical examination, and to skill and agility tests.

If hired, first day you can start work: _____ Salary/wage desired: _____

Are you employed now? Yes No

EDUCATION

NAME AND LOCATION OF SCHOOL

SUBJECT STUDIED

High School _____

Did you graduate? Yes No

College or Other School _____

Did you graduate? Yes No

Are you currently attending school? Yes No

What school do you attend? _____

EMPLOYMENT HISTORY

LATEST EMPLOYMENT FIRST

FROM: _____ EMPLOYER: _____ JOB DUTIES: _____

TO: _____

REASON FOR LEAVING: _____

.....

FROM: _____ EMPLOYER: _____ JOB DUTIES: _____

TO: _____

REASON FOR LEAVING: _____

.....

FROM: _____ EMPLOYER: _____ JOB DUTIES: _____

TO: _____

REASON FOR LEAVING: _____

REFERENCES

List below three (3) persons, not related to you, who have knowledge of your work performance. Use local references, if possible. References will be checked.

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION

APPLICANT: Please read the following carefully and initial each paragraph before signing this application form.

_____ I authorize investigation all statements contained in this application and/or resume supplied. I authorize these persons, schools and employers named in this application to provide all relevant information needed to evaluate my qualifications and release those persons, schools and employers from any liability for disclosure of such information.

_____ I declare that my answers to the questions in this application are true to the best of my knowledge and belief. I understand that any false statements or omissions appearing on this or any other employment form provided during the interview process will be sufficient reason not to hire me, and if discovered after my employment, may result in my termination. If employed, I will abide by the existing workplace rules and will abide by such rules and regulations as may become affective while I am so employed.

_____ I understand that my employment is "at will" which means that, if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. No one other than the President of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I understand that the policies and procedures of the Company are guidelines for the governance of employment and that the Company retains the ultimate and complete discretion in the application and revision of such policies and procedures.

_____ Further, I understand that if I am employed by the Company, I will be required to be at my work station ready to start working at the time indicated. I agree to supply documentation concerning my identity and authorization to work in the U.S. as required by The Immigration Reform/Control Act of 1986.

Date: _____ Signature _____

THANK YOU FOR YOUR TIME AND EFFORT HERE, AND YOUR INTEREST IN WORKING HERE.