



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

This employment application will be considered active for only 90 days after completion. If you wish to be considered for employment after that time, you must submit a new application. You must fill in your own application (please print). Omissions or falsifications may result in ineligibility for employment or immediate dismissal if subsequently employed.

PERSONAL

Date _____

Name _____
Last First Middle

Home Phone _____ Mobile Phone _____

Current Address _____
Street City State Zip

Previous Address _____
Street City State Zip

How long at current address? _____ How long at previous address? _____

Are you at least 18 years of age? Yes _____ No _____ (If no, you may be required to provide authorization to work.)

Have you ever been convicted of a crime other than a minor traffic violation?

Yes _____ No _____ Explain Details. _____

GENERAL

Position Desired _____ Current Position _____

Wage Desired _____ Date available for work _____

If currently employed, may we contact your employer? _____

Have you previously worked for our Company? Yes _____ No _____ If yes, when _____

Have you previously applied with our Company? Yes _____ No _____ If yes, when _____

Why are you looking to change jobs? _____

Have you gone by other names? If so, please list the name(s). _____

List any relatives working for our Company _____

EDUCATION

Circle the highest grade completed.	Name of School	Graduate
HIGH SCHOOL 9 10 11 12	_____	Yes _____ No _____
COLLEGE 1 2 3 4	_____	Yes _____ No _____
GRAD SCHOOL 1 2 3 4	_____	Yes _____ No _____
TRADE SCHOOL 1 2 3 4	_____	Yes _____ No _____

List any academic, professional, trade, civic or social activities or offices held you deem important. (Exclude those that may indicate race, color, religion, age, sex, disability, marital status or national origin.)

Are you lawfully eligible to be employed in the United States? Yes _____ No _____
(If offered employment, you will be required to provide documentation to verify eligibility.)

EMPLOYMENT HISTORY

List below all your previous employment beginning with your most recent job. Account for times of unemployment. If self-employed, give details of company name, location and why business was discontinued.

Company _____	Type of Business _____
Address _____	Phone Number _____
Date Started _____ Date Left _____	Final rate of pay _____
Supervisor's Name _____	Phone Number _____
Description of Duties _____	
Reason for Leaving _____	

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Address _____	Phone Number _____
Date Started _____ Date Left _____	Final rate of pay _____
Supervisor's Name _____	Phone Number _____
Description of Duties _____	
Reason for Leaving _____	

Please explain reason for gaps in employment except for military service.

MILITARY SERVICE

Branch	Entry Date	Type and Date of Discharge	Rank at Discharge
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SKILLS / LICENSES / CERTIFICATIONS

List any special abilities, skills, licenses, certifications, training or experiences that you feel qualify you for the position you are seeking with our Company.

REFERENCES

List three businesses, professional or other references (excluding family members and former employers) that can attest to your work capabilities.

Name	Address	Phone Number	Occupation
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NOTIFICATION

In the event of an emergency, notify the following persons:

Name	Address	Phone Number	Relationship
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Please read and sign the next page.

IMPORTANT!!!!
READ THIS CAREFULLY BEFORE SIGNING AND DATING APPLICATION

I certify that the answers given by me on this application and in any interview are true, correct and complete. I agree that any misstatement or omission made by me in this application may be cause for my rejection, or, if hired, may subject me to dismissal.

Moreover, I understand that all offers of employment are conditional upon passing the Company's prescribed physical medical examination and drug test.

I authorize any company, school, police or security personnel or other person to give any and all information regarding my employment, habits, abilities, or any other characteristics whatsoever, together with any information they may have regarding me whether or not it is documented. I hereby release all persons from liability and agree to hold harmless any person(s) for such testing or issuing of information.

If employed, I agree, as a condition of my continued employment, to submit to drug and/or alcohol testing as requested and paid by the Company. I agree to follow Company policies including the Company Substance Free Workplace Program and agree to the search of myself or personal property while on the Company's premises or while conducting Company business elsewhere.

It is agreed and understood that the completion of this application does not mean a job opening exists and in no way obligates the Company to employ me. However, in the event of employment, I will comply with all Company policies, regulations or directives as may be established from time to time. I am willing to work all assigned overtime or other special work assignments as requested by the Company. Furthermore, since the Company does not offer contracts of employment (unless signed by the president of the Company), I understand that nothing contained in this application form or other Company document or statement is intended to create, nor does it create, a contract between the Company and myself for either employment or the provision of any compensation or benefit. I understand that, if employed, I have the right to terminate my employment at any time and likewise, the Company has the same right.

Signature of Applicant

Date

We are an Equal Opportunity Employer. All applicants are considered for employment without regard to race, color, sex, age (40 and over), religion, national origin, handicap, veteran status or other protected status where otherwise qualified.