



ABOUT OUR COMPANY:

Thank you for your interest in applying for a job with our Company. Because of our commitment to offering the highest possible satisfaction to our customers, we are only interested in hiring the best. We want to have a complete understanding of your qualifications, motivations, and interest, so that we can make careful and deliberate hiring decisions that will benefit both the Company and our employees. Please answer the following questions honestly, completely and thoroughly.

We are an Equal Opportunity Employer and consider all applicants for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or non-job-related handicap or disability.

Date of Application: \_\_\_\_\_

---

PERSONAL INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_(\_\_\_\_)\_\_\_\_\_ Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are under the age of 18, do you have a work permit? Yes\_\_\_\_ No\_\_\_\_

If you have worked under another name, please identify: \_\_\_\_\_

---

YOUR JOB INTERESTS

Position Desired: \_\_\_\_\_

Date you can start: \_\_\_\_\_

---

What starting salary or wage do you expect: \$\_\_\_\_\_/hr \$\_\_\_\_\_/wk \$\_\_\_\_\_/month

Are you available for full-time work? Yes\_\_\_\_ No\_\_\_\_ Part-time? Yes\_\_\_\_ No\_\_\_\_

Are you willing to work any shift? Yes\_\_\_\_ No\_\_\_\_

Are there any days of the week you would not be available to work? Please specify, \_\_\_\_\_

\_\_\_\_\_

How did you learn about this job opening? \_\_\_\_\_

Have you ever worked for this company before? Yes\_\_\_\_ No\_\_\_\_ When? \_\_\_\_\_

Who was your supervisor? \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Do you know anyone who works here? \_\_\_\_\_ Who? \_\_\_\_\_

YOUR EDUCATION AND TRAINING:

Please circle the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12  
Grade School High School

1 2 3 4 5  
College

1 2 3 4  
Trade/Technical

What was the last school you attended?  
\_\_\_\_\_

What extracurricular activities did you participate in, or special skills did you acquire, at the above school(s), which might be helpful for the job which you are applying? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beginning with you present or most recent employer, describe your employment experiences below:

Are you presently employed? Yes \_\_\_ No \_\_\_  
Are you on layoff and subject to recall? Yes \_\_\_ No \_\_\_ If yes, to where? \_\_\_\_\_

1) Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Kind of Business: \_\_\_\_\_ Phone: \_\_\_\_\_  
Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Date Employed: From \_\_\_ To \_\_\_ Name & Title of Supervisor: \_\_\_\_\_  
Description of your work and responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
Will you receive a satisfactory reference from this employer? Yes \_\_\_ No \_\_\_ If no, please explain:  
\_\_\_\_\_

My we contact your present employer at this time: Yes \_\_\_ No \_\_\_ If no, please explain:  
\_\_\_\_\_

2) Next Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Kind of Business: \_\_\_\_\_ Phone: \_\_\_\_\_  
Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Date Employed: From \_\_\_ To \_\_\_ Name & Title of Supervisor: \_\_\_\_\_  
Description of work duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
Will you receive a satisfactory reference from this employer? Yes \_\_\_ No \_\_\_ If no, please explain:  
\_\_\_\_\_

3) Next previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

4) Next previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

5) Next Previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONAL INFORMATION:**

Do you have any physical or mental condition or disability which would substantially interfere with your ability to perform the duties of the job for which you have applied? (State law prohibits discrimination based on handicap) Yes \_\_\_ No \_\_\_ If yes, describe the mental or physical condition or disability and explain the work limitation as it pertains to the job for which you have applied. Also describe any specific accommodation(s) the Company could make. \_\_\_\_\_

\_\_\_\_\_

I have received information and/or a job description of what the position for which I have applied entails and I completely understand the duties and responsibilities of the job: \_\_\_\_\_

Signature

Do you have, or have you applied for the legal right to retain permanently and work in the United States? Yes \_\_\_ No \_\_\_

Have you ever been discharged or asked to resign by an employer? Yes \_\_\_ No \_\_\_ If yes, explain:

\_\_\_\_\_

A record of criminal conviction will not necessarily be a bar to employment, since the Company will consider factors such as age, time of the offense, the nature and seriousness of the violation, and the evidence of rehabilitation in making any employment decision.

Have you ever been convicted of a crime, other than traffic violation? Yes \_\_\_ No \_\_\_ If yes, please explain

\_\_\_\_\_

Please complete this section if the job for which you are applying might require driving a company vehicle:

Do you have a valid driver's license: Yes \_\_\_ No \_\_\_

License number and state: \_\_\_\_\_

Have you had any accidents in the last five years: Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you been cited for any moving violations in the last five years: Yes \_\_\_ No \_\_\_ If yes, please explain:

\_\_\_\_\_

Has your driver's license been suspend, revoked, denied or canceled? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

**YOUR MILITARY EXPERIENCE**

Completing this section of the application is optional. Leave this area blank if you do not wish to answer.

Have you ever been in the United States Armed Forces? Yes \_\_\_ No \_\_\_ What Branch \_\_\_\_\_.

Describe any skills you acquired in the service which would be useful to the job which you are applying:

\_\_\_\_\_

**YOUR REFERENCES:**

Completing this section is optional. Leave blank if you do not wish to answer.

List professional or personal references from whom you can obtain letters of recommendation, do not list relatives.

1) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

2) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

\_\_\_\_\_

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY:

By signing below, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate, and complete, to the best of my knowledge, and I have not knowingly withheld any information which, if known to the Company, would affect my application unfavorably.

If I am hired by the Company, and if the Company discovers at anytime during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

This employment application will be considered active for ninety (90) days from the date below. If I want to be reconsidered for a job with the Company after this period of time I must fill out another application.

I agree to submit to a medical examination which may include testing for drugs, alcohol, or disease detection prior to beginning work with the Company, and I understand that if I am employed by the Company, I may be required from time-to-time, and I agree, to undergo a medical examination for any reason, including drugs, alcohol or disease detection.

In consideration of my employment with the Company, I agree to abide by all the Company rules and regulations.

I understand that nothing in this employment application creates a contract of employment between the Company and myself. If I am hired by the Company, my employment and compensation are "at will", which means that my employment can be terminated, either by the Company or myself with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, this is not an at will agreement. Only the President of the Company has the authority to enter in an employment agreement for any specified period of time with me.

I agree to release to the Company or its designate agents all medical information, including but not limited to files, reports, x-rays, evaluation and opinions held by medical personnel, that affect or are related to the terms and conditions of my employment. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment.

In the event of my personal indebtedness to the Company, I authorize the Company to withhold my wages such amounts as permitted by law to satisfy my obligation to the Company.

I give the Company my permission to conduct any investigation regarding the information in my employment application which the Company thinks is necessary to determine my qualifications for assuming a job with the Company. I give the Company my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, health, credit, education, or employment record, and give my consent to any such source to release to the Company whatever they have about me. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature