

APPLICATION FOR EMPLOYMENT

The following information is requested in order to help make the best placement within the company. All portions of this application pertaining to you must be fully completed. We appreciate the time you spend in filling in this application form. The company, in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental handicap or arrest record.

PLEASE PRINT OR TYPE

Name	(Last)	(First)	(Middle)	Social Security Number
Address	(Street)			Telephone No.
	(City)	(State)	(Zip)	Alternate Telephone No.

U.S. Citizen Yes No If no, are you legally entitled to work in the U.S.? Yes No

Position for which you are applying _____ Salary expected \$ _____ per _____

Other Positions for which you would like to be considered _____

When available _____

How were you referred to the company? _____

Have you ever applied for a job with the company? Yes No If yes, when and where?

Do you have any relatives employed by the company? Yes No If yes, in which department? _____

Can you work part-time? Yes No

Can you work overtime? Yes No

EMPLOYMENT RECORD (PLEASE LIST MOST RECENT POSITION FIRST)

Dates	NAME AND ADDRESS OF EMPLOYER	JOB TITLE / SUPERVISOR	SALARY	EXACT REASON FOR LEAVING
From:		Title:	From:	
To:		Supervisor:	To:	
	Telephone:			May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>
From:		Title:	From:	
To:		Supervisor:	To:	
	Telephone:			May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>
From:		Title:	From:	
To:		Supervisor:	To:	
	Telephone:			May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>
From:		Title:	From:	
To:		Supervisor:	To:	
	Telephone:			May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION

	SCHOOL NAME	ADDRESS	Number of Years Attended	Graduated (Yes or No)	Major/Interest
Middle					
High					
College					
Graduate/other					

Activities and Honors _____

Courses of current enrollment, if any _____

Special Skills _____

Military Experience Yes No Military Honors or Awards _____

REFERENCES (Please list 3 persons, not relatives or former employers, who have know you for at least 2 years)

(Name)	(Address)	(Business and Position)	(Telephone)

Driving Information (Fill only if position sought requires driving at company expense):

Drivers License No. _____ State _____ Has your license ever been suspended Yes No

If Yes, give details _____

General Information (if any) _____

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment. I agree to conform to the rules and policies of the company, and understand that 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. I further understand that only the officers of the company have the authority to enter into an employment agreement for any specified period of time.

Date

Authorization Signature of Applicant