



An equal opportunity employer

We are an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, marital status, color, religion, national origin, veteran status, disability, or any other consideration which is made unlawful by federal, state, or local laws. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

EMPLOYMENT APPLICATION

PERSONAL INFORMATION					
FULL NAME:		LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
ADDRESS:		STREET	APT. #	CITY	STATE ZIP
DAYTIME TELEPHONE		EVENING TELEPHONE		MOBILE PHONE	E-MAIL
FOR REFERENCE PURPOSES – IF YOU HAVE EVER USED ANOTHER NAME, STATE NAME AND DATES:					
LAST		FIRST		MIDDLE	DATES: FROM TO
TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME		DATE AVAILABLE FOR WORK:		HOW DID YOU FIRST HEAR ABOUT THIS POSITION?	
TO THE BEST OF YOUR KNOWLEDGE BASED ON THE JOB DESCRIPTION AND RECRUITMENT MATERIAL YOU'VE SEEN, ARE YOU MENTALLY AND PHYSICALLY WILLING AND ABLE TO PERFORM THE TASKS REQUIRED BY THE JOB YOU ARE APPLYING FOR?					<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION						
HIGH SCHOOL OR PREP	NAME & LOCATION OF SCHOOL:	COURSE OF STUDY:	DATES		DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA
			FROM:			
			TO:			
COLLEGE	NAME & LOCATION OF SCHOOL:	COURSE OF STUDY:	DATES		DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA
			FROM:			
			TO:			
COLLEGE OR GRADUATE	NAME & LOCATION OF SCHOOL:	COURSE OF STUDY:	DATES		DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA
			FROM:			
			TO:			
OTHER	NAME & LOCATION OF SCHOOL:	COURSE OF STUDY:	DATES		DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA
			FROM:			
			TO:			

REFERENCES		
LIST THREE WORK REFERENCES. WORK-RELATED, ACADEMIC, OR ACTIVITY-RELATED REFERENCES ONLY, NO PERSONAL REFERENCES		
REFERENCE NAME	PHONE NUMBER(S):	HOW YOU WORKED WITH THIS PERSON:
#1:		
#2:		
#3:		

ACTIVITIES

LIST SCHOOL, CIVIC, OR BUSINESS ACTIVITIES AND OFFICES HELD. (EXCLUDE THOSE WHICH INDICATE AGE, SEX, RACE, COLOR, RELIGION, OR NATIONAL ORIGIN.)

HOBBIES AND LEISURE TIME INTERESTS:

EMPLOYMENT HISTORY

LIST YOUR WORK EXPERIENCE WITH YOUR PRESENT AND LAST THREE EMPLOYERS:

1. PRESENT OR LAST EMPLOYER:		CITY	STATE	ZIP CODE
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES (MO./ YR.) FROM: TO:	FINAL SALARY:
LAST POSITION HELD: DUTIES:			REASON FOR LEAVING:	
2. PREVIOUS EMPLOYER:		CITY	STATE	ZIP CODE
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES (MO./ YR.) FROM: TO:	FINAL SALARY:
LAST POSITION HELD: DUTIES:			REASON FOR LEAVING:	
3. PREVIOUS EMPLOYER:		CITY	STATE	ZIP CODE
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES (MO./ YR.) FROM: TO:	FINAL SALARY:
LAST POSITION HELD: DUTIES:			REASON FOR LEAVING:	
4. ATTACH RESUME FOR ADDITIONAL PREVIOUS EMPLOYMENT				

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing by an authorized Company representative.

If I am offered employment I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, if required, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that acceptance of this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

SIGNATURE OF APPLICANT:	DATE:
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