



**APPLICATION FOR EMPLOYMENT**  
(An Equal Opportunity Employer)

We consider applicants for all positions without discrimination because of race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. We will give this application every consideration. However, in accepting it, the Company makes no commitment of employment to the applicant. This application will remain active for 30 days.

**BASIC INFORMATION: Please print in ink.**

Position Applied For	Date of Application
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How Did you Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address Number Street	City	State Zip Code
Telephone Number(s)		Social Security Number

Salary Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

Are there any hours or days of the week you cannot work? \_\_\_\_\_ If so, when? \_\_\_\_\_

Type of Employment: \_\_\_ Full-time \_\_\_ Part-time

Have you been convicted of a crime within the last 7 years?  Yes  No  
Conviction will not necessarily disqualify you from employment.

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATION:**

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
High			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you did not graduate, why did you leave school or college? \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY** Start with your present or most recent job. Include any job-related military service assignments self-employment, summer and part-time jobs.

1 Company	Address	Telephone
Date From To Employed		Supervisor
Your Duties:		
Reason for Leaving:		
2 Company	Address	Telephone
Date From To Employed		Supervisor
Your Duties:		
Reason for Leaving:		
3 Company	Address	Telephone
Date From To Employed		Supervisor
Your Duties:		
Reason for Leaving:		

If you are now employed, may we contact your present employer?  Yes  No

Please provide any additional information such as special skills, training, management experience; equipment operation or qualifications you feel will be helpful to us in considering your application. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES: (not former Employers or Relatives)**

Name	Address	Phone Number

**ACKNOWLEDGEMENT**

*Please Read Before Signing:*

The facts set forth in my application for employment are true and complete. I understand that if employed, false or misleading statements on this application may result in dismissal.

**I UNDERSTAND THAT, IF THE COMPANY EMPLOYS ME, EITHER THE COMPANY OR I CAN TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME AND FOR ANY OR NO REASON.** I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date