

# APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

**PLEASE PRINT AND COMPLETE ALL SECTIONS (USE BALLPOINT PEN)**

## PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS – NUMBER & STREET		CITY	STATE	ZIP CODE
E-MAIL ADDRESS	HOME PHONE NUMBER		ALTERNATE PHONE NUMBER	
HAVE YOU EVER USED ANOTHER NAME? _____ IF YES, PLEASE PROVIDE OTHER NAMES USED				
HAVE YOU EVER PLED GUILTY OR "NO CONTEST" TO, OR BEEN CONVICTED OF, A MISDEMEANOR OR FELONY? IF YES, PLEASE GIVE DATE AND DETAILS				
(ANSWERING YES TO THIS QUESTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT. DO NOT INCLUDE MINOR TRAFFIC CITATIONS AND ARRESTS OR CONVICTIONS WHICH HAVE BEEN SEALED OR EXPUNGED IN ANSWERING THIS QUESTION.)				

## EMPLOYMENT DESIRED

POSITION DESIRED (PLEASE BE SPECIFIC)	DATE YOU CAN START	SALARY DESIRED
EVER WORKED FOR THIS COMPANY BEFORE? IF YES, PLEASE GIVE DATES	IF YES, WHAT POSITION?	
DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING HERE?	IF YES, NAME AND RELATIONSHIP	HOW DID YOU LEARN ABOUT THIS POSITION?

## GENERAL EMPLOYMENT INFORMATION

ARE YOU CAPABLE OF SATISFACTORILY PERFORMING THE ESSENTIAL JOB DUTIES REQUIRED OF THIS POSITION FOR WHICH YOU ARE APPLYING?	
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM A JOB? _____ IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES.	
ARE THERE ANY GAPS IN YOUR EMPLOYMENT HISTORY? _____ IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES.	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?	
ARE YOU AT LEAST 16 YEARS OF AGE OR OLDER? _____	ARE YOU 18 YEARS OF AGE OR OLDER? _____
(YOUR RESPONSES ARE VOLUNTARY; HOWEVER, THE COMPANY ADHERES TO MINIMUM AGE LAWS. AGE IS NOT USED AS A QUALIFYING FACTOR FOR EMPLOYMENT OTHER THAN WHERE THOSE LAWS APPLY.)	

**EDUCATION**

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE TRADE BUSINESS CORRESPONDENCE SCHOOL			
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK			
SPECIAL TRAINING			
SPECIAL SKILLS			

**THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY EVEN IF ATTACHING A RESUME****EMPLOYMENT HISTORY**

NAME & ADDRESS OF PRESENT OR MOST RECENT EMPLOYER			
STARTING DATE	LEAVING DATE	STARTING SALARY	FINAL SALARY
JOB TITLE	DESCRIPTION OF WORK		
MAY WE CONTACT YOUR SUPERVISOR?	NAME & TITLE OF SUPERVISOR	SUPERVISOR'S PHONE NUMBER	
REASON FOR LEAVING			

NAME & ADDRESS OF FORMER EMPLOYER			
STARTING DATE	LEAVING DATE	STARTING SALARY	FINAL SALARY
JOB TITLE	DESCRIPTION OF WORK		
NAME & TITLE OF SUPERVISOR	SUPERVISOR'S PHONE NUMBER		
REASON FOR LEAVING			

NAME & ADDRESS OF FORMER EMPLOYER			
STARTING DATE	LEAVING DATE	STARTING SALARY	FINAL SALARY
JOB TITLE	DESCRIPTION OF WORK		
NAME & TITLE OF SUPERVISOR	SUPERVISOR'S PHONE NUMBER		
REASON FOR LEAVING			

## APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment with this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system at any time during my employment, to the extent permitted by law. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application of employment may be rejected or my employment may be terminated.

I understand that the Company may investigate my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and other with whom I am acquainted. This inquiry includes information as to my character, general reputation, person characteristics, and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information that may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and such information is later found to be false or incomplete in any respect, my employment may be terminated.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time, for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the Chief Executive Officer of the Company. No supervisor or representative of the Company, other than the CEO of the Company, has any authority to make agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior contemporaneous agreements, representatives, and understandings of the employee and the Company.

If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT**

SIGNATURE OF APPLICANT

DATE