

APPLICANT NOTE: This Employment Application is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. It is the policy of this company as an Equal Opportunity Employer to ensure that there shall be no discrimination against any employee or applicant for employment on the basis of age, race, color, creed, marital status, religion, sex, national origin, disability or veteran status, or any other status protected by law.

COMPLETE ALL QUESTIONS; PLEASE PRINT CAREFULLY.

PERSONAL DATA

NAME (Last)		First	Middle	Social Security Number	
LIST ANY OTHER NAMES used in past 7 years.					
HOME ADDRESS (Number & Street)			City	State	ZIP
Home Phone (with area code)		Daytime Phone (with area code)		Can we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Years At Current Address.		If less than 7 years, list all other cities and states in which you lived during the past 7 years.			
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of eligibility will be required upon employment.)			
Other than minor traffic offenses, have you ever been convicted of a crime? (A conviction record will not necessarily bar you from employment.)		<input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, describe in detail below including date and location of offense.	
Have you ever applied here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, in what year?					
Have you ever been employed here previously? IF YES, complete information below.		<input type="checkbox"/> Yes <input type="checkbox"/> No		Starting and Ending Dates of Employment	
Position(s) Held		Reason for Leaving			
Do you have any relatives presently employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, complete information below.					
Name	Relation		Job Title	Location	

POSITION

Position Desired		Salary Expected \$ _____ Month		What Date Are You Available?	
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, any restrictions?				Work Availability <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work	
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, any restrictions?				May we contact your current employer for verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If position requires driving, complete following:	License No.	State Issued	Expiration	Class	

APPLICANT NAME _____

DATE _____

EMPLOYMENT HISTORY

PRESENT OR LAST EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
2ND PREVIOUS EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
3RD PREVIOUS EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
4TH PREVIOUS EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
5TH PREVIOUS EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	

MILITARY SERVICE (Complete if you have served in the US Military. A copy of your DD214 may be needed for verification.)

<i>Branch</i>	<i>Final Base, City & State where assigned</i>	<i>Date Entered</i>	<i>Date Discharged</i>	<i>Rank and Position at Discharge</i>
<i>Name and Title of Supervisor</i>		<i>Phone No. (with area code)</i>	<i>Did you receive a DISHONORABLE discharge?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>List service schools or special relevant experience.</i>				

APPLICANT NAME _____

DATE _____

EDUCATION (If degree was received under a different name, please include.)

School	Name of School - Street Address, City & State	Degree Received	Year Received	Dates of Attendance	Major & Minor Fields of Study
High School			XXXXXXX XXXXXXX XXXXXXX	XXXXXXXXXXXXX XXXXXXXXXXXXX XXXXXXXXXXXXX	
College					
Other, including GED					

ADDITIONAL QUALIFICATIONS

Professional licenses, registrations or certifications currently held. List, including state of issuance and expiration date.

Languages in which you are fluent other than English.

List additional relevant skills or abilities.

PROFESSIONAL REFERENCES . (List individuals familiar with your work; do not include relatives.)

Name	City & State	Phone (Preferably Day Time)	Occupation

I certify that I have read and understand the "Applicant Note" on Page One of this application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of the facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents including consumer-reporting companies to verify any of this information. I authorize all persons, schools, companies, law enforcement agencies, and consumer reporting bureaus to release any and all information regarding my background.

APPLICANT'S SIGNATURE	DATE
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