



It is the policy of the Company not to discriminate in hiring and employment on the basis of race, color, religion, national origin, sex, disability, age or other protected class as provided by all applicable federal, state or local laws. No question on this application is intended to secure information for an unlawful purpose. Only fully completed applications will be considered for employment.

Be sure to read and sign the applicant statement on the reverse side of this overleat. Applications that have not been signed and dated will not be considered.

An Equal Opportunity Employer

Employment Application –Location:

Position for which you are applying? _____
Full Time ___ Part Time ___ Temp/ Seasonal ___
Shift: First ___ Second ___ Third ___
When are you available to start? _____
Salary required: _____
Are you currently employed: Yes ___ No ___
If unemployed, how long? _____
How did you learn of the opening? Agency ___ Newspaper ___ Employee ___ Internet ___ Other (explain) _____

Personal Data

Name: _____
Last First Middle Social Security Number _____
Address: _____
Area Code & Telephone Number _____
City State Zip Code _____

Do you have a reliable means of transportation to travel to and from work witch will allow you do consistently arrive at work on time? Yes ___ No ___

Driver’s License Number: _____ State: _____
CDL Number: _____ Expiration Date: _____
Restrictions: _____ Endorsements: _____

Are you available to work First shift? Yes ___ No ___ Overtime? Yes ___ No ___
Second shift? Yes ___ No ___ Weekends? Yes ___ No ___
Third shift? Yes ___ No ___

Are there days of the week or certain hours when you are not available to work? Yes ___ No ___
Are you a United States citizen OR do you presently have the legal right to remain and work permanently in the United States if no, do you require sponsorship for employment? Yes ___ No ___
If no, are you currently authorized to be employed by any employer in the United States? Yes ___ No ___
Are you under 18 years of age? (Proof eligibility to work will be required) Yes ___ No ___
Are you able to meet the attendance requirements of the job? Yes ___ No ___
Other than English what language do you speak _____ read _____ write _____

Have you ever been involuntarily terminated from employment? Yes___ No___

If yes, please explain: _____

Have you ever been convicted of a crime? (Answer No if only minor traffic violations) Yes___ No___

If yes, please explain: _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes___ No___

Are you willing to travel? Yes___ No___

Are you willing to relocate: Yes___ No___

Were you ever in the United States Armed Forces?
If yes, which branch of service? _____

Dates of Service: Yes___ No___

Are you related to anyone in the Company?
If yes, please provide the name(s) and relationships(s): _____

Yes___ No___

Have you ever worked for the Company before? Yes___ No___
If yes, please provide of employment, position(s) held and reason(s) for leaving: _____

Skills

Machines you can operate (office and factory)

Education

Type of School	Name and Address of School	Graduate?	Degree and Major	Years Completed
Grade School		Yes___ No___ Year_____		5___ 6___ 7___ 8___
High School		Yes___ No___ Year_____		5___ 6___ 7___ 8___
Business, Trade or Technical School		Yes___ No___ Year_____		5___ 6___ 7___ 8___
College		Yes___ No___ Year_____		5___ 6___ 7___ 8___
Post Graduate		Yes___ No___ Year_____		5___ 6___ 7___ 8___

Other Education / Certificat

Include any other information which is related to the position for which you are applying: e.g., additional education, course work, seminars, scholastic honors or activities, certifications, licensing, apprenticeships, professional organizations, publications, other expenences or accomplishments.

Employment Record

Include your current or most recent job first, list others in order. Account for ah time, including unemployment. Use an additional sheet if necessary.

Employer: _____, Telephone Number: _____

Address: _____ From: _____
Name & Title of Supervisor: _____ To: _____
Reason for Leaving: _____ Ending Salary: _____
Position Help: _____

Major Responsibilities:

Employer: _____, Telephone Number: _____

Address: _____ From: _____
Name & Title of Supervisor: _____ To: _____
Reason for Leaving: _____ Ending Salary: _____
Position Help: _____

Major Responsibilities:

Employer: _____, Telephone Number: _____

Address: _____ From: _____
Name & Title of Supervisor: _____ To: _____
Reason for Leaving: _____ Ending Salary: _____
Position Help: _____

Major Responsibilities:

Employer: _____, Telephone Number: _____

Address: _____ From: _____
Name & Title of Supervisor: _____ To: _____

Reason for Leaving: _____ Ending Salary: _____
Position Held: _____

Major Responsibilities:

Please identify three professional / business references. At least one, but preferably ah three, should be a person who managed or supervised you in prior employment.

Name: _____ Name: _____ Name: _____
Company: _____ Company: _____ Company: _____

Telephone Number: _____ Telephone Number: _____ Telephone Number: _____
Relationship to You: _____ Relationship to You: _____ Relationship to You: _____

I hereby certify that the information on this application of employment is true and correct. I agree that any misrepresentation, falsification or omission in said information shall be cause for immediate dismissal from employment without protest. I understand that this application will be considered active for thirty (30) days. If I have not been employed within this time period, I will need to reapply for consideration.

In consideration of my employment, I agree that my employment and compensation can be terminated, with or without cause or notice, at the. Company's or my option. No employee, other than the General Manager/Owner of the Company, has any authority to enter into any agreement for employment for any specified period of time. Any amendment to this statement must be in writing signed by the General Manager/Owner. Likewise, neither the existence of the Company's employee benefits, nor the programs and plans providing them, nor summaries of descriptions thereof are intended to, or do, alter the at will nature of employment.

By signing below, I authorize the Company to obtain a copy of my credit report for employment purposes only. I understand that I can obtain a copy of my consumer credit report by making a written request to the Company and that the report, along with the name, address and phone number of the credit reporting agency as well as a statement of my rights under the federal Fair Credit Reporting Act, will be provided to me in the event an adverse employment decision is made based on the information contained in my credit report. I also authorize the company to investigate my background and to obtain any and all information that may concern me, including but not limited to, information as to my character, general reputation, personal characteristics and mode of living. I further consent to being discussed by any person so contacted and hereby waive any and all rights to bring any action for defamation, invasion of privacy or any similar cause against anyone contacted as a result of what he/she may say about me.

The Company is a Drug-Free Workplace. I understand that if I am offered employment, I will be required to submit to a physical examination including a drug test. I understand that any offer of employment is contingent upon satisfactorily completing the physical and/or drug test. I understand that by signing this application form I am also consenting to a pre-employment physical and drug test and hereby release the Company from any liability or damages in connection with, or reliance upon, such physical and drug test.

If requested by the management at any time, I agree to submit to search of my desk or locker that may be assigned to me.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, a schedule other than Monday through Friday or temporary assignment at other company facilities.

Signature of Applicant: _____ Date: _____

Interviewed By: _____ Date: _____