

APPLICATION FOR EMPLOYMENT

This company is an equal opportunity employer and does not discriminate against any employee or qualified applicant for employment because of race, creed, color, religion, sex, sexual orientation, age, national origin, physical or mental disability, or status as a disabled veteran or veteran of the Vietnam era.

INSTRUCTIONS - Each question should be fully and accurately answered. No action can be taken on this application until all questions have been completed. Use blank paper if you do not have enough room on this form. Please print, except for signature on back of application. (Proof of identity and employment authorization will be required upon employment.)

PERSONAL DATA	NAME (LAST) _____ (FIRST) _____ (M) _____		SOCIAL SECURITY NUMBER _____		DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.A.?	ARE YOU AGE 18 OR OLDER?
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	HOME PHONE NUMBER _____		CITY _____ STATE _____ ZIP _____			
EMPLOYMENT OBJECTIVE	HOME PHONE NUMBER _____		CITY _____ STATE _____ ZIP _____			
	MESSAGE OR WORK PHONE _____		CITY _____ STATE _____ ZIP _____			
	MESSAGE OR WORK PHONE _____		CITY _____ STATE _____ ZIP _____			
WORK HISTORY - PROVIDE COMPLETE INFORMATION	FOR DRIVING JOBS ONLY DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVERS LICENSE NUMBER _____		STATE _____	CLASS _____
	NUMBER OF MOVING VIOLATIONS IN THE LAST 2 YEARS _____		EARNINGS EXPECTED _____		DATE AVAILABLE _____	
	POSITION DESIRED _____		EARNINGS EXPECTED _____		DATE AVAILABLE _____	
REFERENCES	WHAT OR WHO STIMULATED YOUR INTEREST IN THE COMPANY? _____		EARNINGS EXPECTED _____		DATE AVAILABLE _____	
	HAVE YOU EVER MADE APPLICATION TO OR BEEN EMPLOYED BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN? _____		DATES _____	
	TYPE OF EMPLOYMENT YOU ARE SEEKING <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY OR SUMMER <input type="checkbox"/> NIGHT SHIFT		ARE YOU WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAXIMUM PERCENT OF TIME: _____ %	
MILITARY	MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	EMPLOYER (PRESENT OR MOST RECENT)		DATES OF EMPLOYMENT MONTH AND YEAR		TITLE AND DUTIES	
	ADDRESS _____		FROM _____ TO _____			
MILITARY	CITY _____ STATE _____ PHONE # _____		STARTING SALARY _____		FINAL SALARY _____	
	IMMEDIATE SUPERVISOR		\$ _____ PER _____		\$ _____ PER _____	
	REASON FOR LEAVING _____		\$ _____ PER _____		\$ _____ PER _____	
MILITARY	EMPLOYER		DATES OF EMPLOYMENT MONTH AND YEAR		TITLE AND DUTIES	
	ADDRESS _____		FROM _____ TO _____			
	CITY _____ STATE _____ PHONE # _____		STARTING SALARY _____		FINAL SALARY _____	
MILITARY	IMMEDIATE SUPERVISOR		\$ _____ PER _____		\$ _____ PER _____	
	REASON FOR LEAVING _____		\$ _____ PER _____		\$ _____ PER _____	
	EMPLOYER		DATES OF EMPLOYMENT MONTH AND YEAR		TITLE AND DUTIES	
MILITARY	ADDRESS _____		FROM _____ TO _____			
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	IMMEDIATE SUPERVISOR		\$ _____ PER _____		\$ _____ PER _____	
MILITARY	REASON FOR LEAVING _____		\$ _____ PER _____		\$ _____ PER _____	
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EDUCATION	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	GRADE POINT AVG. / MAX POSSIBLE	DID YOU GRADUATE?
	HIGH SCHOOL		/	
	TRADE, COLLEGE AND POST GRADUATE STUDIES	MAJOR / OPTION	GRADE POINT AVG. / MAX POSSIBLE	DEGREE
	NAME AND ADDRESS OF SCHOOL		/	
			/	
			/	
IF NO DEGREE, TOTAL UNITS COMPLETED _____ SPECIAL COURSES YOU HAVE TAKEN: Educational Honors; Leadership Positions; Extracurricular Activities; Management Development or Training Seminars; Professional Organizations; Data Processing Languages; Foreign Languages; Other information you wish considered: (NOTE: Information should not indicate race, religion, etc. to which you belong.)				
SKILLS	IF APPROPRIATE FOR POSITION APPLYING FOR:		OTHER SKILLS NOT LISTED	
	DO YOU TYPE? <input type="checkbox"/> YES <input type="checkbox"/> NO	CORRECTED WORDS PER MINUTE		
	TEN KEY BY TOUCH <input type="checkbox"/> YES <input type="checkbox"/> NO	KEY STROKES PER MINUTE		
	DATA ENTRY <input type="checkbox"/> YES <input type="checkbox"/> NO	KEY STROKES PER MINUTE		
	MACHINES YOU CAN OPERATE; PC SOFTWARE (INCLUDING WORD PROCESSORS)			
CAREER OBJECTIVES	COMMENTS ABOUT YOUR CAREER OBJECTIVES, SPECIAL QUALIFICATIONS, OR MAJOR PROFESSIONAL ACHIEVEMENTS:			
OTHER	Within the past seven years have you been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, furnish details giving conviction, offense, location, date and sentence. (Record of conviction does not disqualify you from employment.)			
Are you now or do you expect to be engaged in any other business or employment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____				
SIGNED	In signing this application I agree to a pre-employment drug test, and to make any or all employment information available to a bonding company, where applicable, and understand this will be a condition of employment.			
	I certify that all of the information provided on this application is accurate and understand that it is subject to verification and that my employment and / or continuance thereof may be contingent upon its accuracy. All applications are kept on file for a period of six months.			
	I release the company from any and all claims or liabilities arising out of or in any way related to the application verification investigation. I understand that this employment application and other company documents are not contracts of employment.			
	Employees are hired at the discretion of the company, and just as they may voluntarily leave at any time, their employment may be terminated at any time.			
SIGNATURE			DATE	