



APPLICATION FOR EMPLOYMENT

Date: _____

Name: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

List any other names you have used: _____

Are you authorized to work in the United States? Yes No

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____

Do you have any restriction on days or hours you are available for work? Yes No

If so, please describe: _____

Have you ever worked for this company before? (circle) Yes No If yes, when? _____

Were you referred by anyone who has worked for this company? (circle) Yes No

If yes, state their names: _____

EDUCATION

School Level	Name and Location of School	Did you Graduate?	If yes, Degree and Major
Grammar School			
High School			
College			
Other			

SPECIAL TRAINING AND SKILLS

List any job related special training you have: _____

List any job related special skills you have: _____

PAST EMPLOYMENT

1. Name and address of most recent employer: _____

If this is a current employer, may we contact the employer? (circle) Yes No

Job Title: _____ Ending Wage/Salary: \$ _____ Per _____

Dates of employment: _____ to _____

Name and title of supervisor: _____ Phone: _____

Description of work: _____

Reason for leaving: _____

2. Name and address of most recent employer: _____

If this is a current employer, may we contact the employer? (circle) Yes No

Job Title: _____ Ending Wage/Salary: \$ _____ Per _____

Dates of employment: _____ to _____

Name and title of supervisor: _____ Phone: _____

Description of work: _____

Reason for leaving: _____

3. Name and address of most recent employer: _____

If this is a current employer, may we contact the employer? (circle) Yes No

Job Title: _____ Ending Wage/Salary: \$ _____ Per _____

Dates of employment: _____ to _____

Name and title of supervisor: _____ Phone: _____

Description of work: _____

Reason for leaving: _____

Are you currently charged with or have you ever been convicted of, pleaded guilty to, pleaded no contest or nolo contendere to, been paroled for, received probation or deferred judgment for, received a suspended imposition of sentence, or received suspended execution of sentence of, any felony or misdemeanor in any jurisdiction:
(Circle) Yes No

If yes, provide details (date, jurisdiction, crime involved, disposition, etc.) _____

(Note: The existence of a criminal record will not necessarily be an automatic bar to employment.)

Have you been discharged or disciplined for violation of a drug or alcohol policy? (circle) Yes No

Have you tested positive for illegal drugs within the last six (6) months? (circle) Yes No

Give names of persons we may contact to verify your qualifications for employment:

Name: _____ Occupation: _____ Organization: _____

Phone: _____ Address: _____

Name: _____ Occupation: _____ Organization: _____

Phone: _____ Address: _____

Name: _____ Occupation: _____ Organization: _____

Phone: _____ Address: _____

CERTIFICATION

I certify that all information provided in this application is true, accurate and complete. I understand that false statements, answers or omissions on this application or during the hiring process shall disqualify me from consideration for employment or will result in my dismissal after employment.

Signature of applicant: _____



Consent to Drug or Alcohol Testing

I understand the Company prohibits employees from illegally using drugs and from working under the influence of alcohol. I agree to submit to a drug or alcohol test in accordance with the Company Policy on Drug and Alcohol Abuse in accordance with applicable policies and laws as a condition of my initial or continued employment. I further agree that I am subject to the Company's prohibitions at the time I submit to the test. I authorize any specimen collector, laboratory or medical provider to release test results and any information related to my submitting to the test to the Company or a Company-designated physician.

I expressly authorize the Company or Company-designated physician to release any test related information, including positive results, to the Company's insurers or agents, unemployment compensation officials, workers' compensation officials or other government agency investigating any issue related to my employment.

To the extent permitted by law, I release any legal claims I may have against the Company, its affiliates, its officers, and its employees for requiring the test and for any adverse employment action taken as a result of the test. I understand that I may also be required to sign consents covering the specimen collector, laboratory or physician. Unless restricted by another agreement or law, I understand that this consent in no way limits my or the Company's right to terminate employment at any time for any reason with or without advance notice.

Signature of Applicant

Print Name

Date