APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL

Last Name	First		Middle Initial	Date					
Street Address					Mobile Telephone				
City, State, Zip					Other Telephone				
Have you ever applied for employment with us? □Yes □No If yes: Month/Year					Social Security #:				
Position(s) Desired: 1.)					Pay Expected:				
How did you learn about us? □Advertisement □Friend □Walk-in □Employment Agency □Relative					□Other:				
Apart from absence for religious observances, are you available for full-time work?					Will you work overtime if asked? □Yes □No				
Are you legally eligible for employment in the United States?					When will you be available to begin work?				
Driver's License/ID # & S	State: #: State.:								
EDUCATION									
SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE	DEGREE DIPLOMA				
Elementary School				□Yes □No					
High School				□Yes □No					
College/University				□Yes □No					
Graduate				□Yes □No					
Business/Trade/ Technical				□Yes □No					
SPECIAL TRAINING: Describe any specialized training or skills (computer skills, languages, machine operations, etc.).									

EMPLOYMENT Please give accurate, complete full-time and part-time employment record. **Current or Most Recent Employer:** Telephone May We Contact? □Yes □ No Employed - (State Month and Year) Address: From: To: Name and Title of Supervisor: Reason for Leaving: Job Title and Description of Duties: Previous Employer: Telephone May We Contact? □Yes □ No Employed - (State Month and Year) Address: From: To: Name and Title of Supervisor: Reason for Leaving: Job Title and Description of Duties: May We Contact? Previous Employer: Telephone □ No □Yes Employed - (State Month and Year) Address: From: Name & Title of Supervisor: Reason for Leaving: Job Title and Description of Duties: May We Contact? Previous Employer: Telephone □Yes □ No Address: Employed - (State Month and Year) From: Name and Title of Supervisor: Reason for Leaving: Job Title and Description of Duties: PROFESSIONAL/PERSONAL REFERENCES Name: Telephone: (Address: Relationship: 2 Name: Telephone: (Address: Relationship: 3 Name: Telephone: (Address: Relationship: **APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations can result in my immediate dismissal. I authorize the Company to investigate any of the facts set forth in this application.

I understand that my employment at this Company is "at will," which means that either I or the Company can terminate the employment relationship at anytime, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president has any authority to alter the foregoing. Any alteration may only be done in writing and signed by the president of the Company.

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Date:	Applicant's Signature:			