

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 | | | Home Telephone () |
| City, State, Zip | | | Business Telephone () |
| Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month/Year _____ | | | Social Security #: |
| Position(s) Desired: 1.) _____ 2.) _____ | | | Pay Expected: |
| How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____ | | | |
| Apart from absence for religious observances, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____ | | | Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you legally eligible for employment in the United States? | | | When will you be available to begin work? _____ |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions: _____ | | | Driver's License/ID # & State: #: _____ St.: _____ |

EDUCATION

| SCHOOL | NAME & LOCATION OF SCHOOL | COURSE OF STUDY | YEARS COMPLETED | DID YOU GRADUATE | DEGREE DIPLOMA |
|------------------------------|---------------------------|-----------------|-----------------|---|----------------|
| Elementary School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College/University | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Graduate | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Business/Trade/ Technical | | | | <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | Employed - (State month and Year) From: _____ To: _____ | |
| Name and Title of Supervisor: | Salary/Wage Start: _____ Last: _____ | |
| Job Title and Description of Duties: | Reason for Leaving: _____ | |
| Previous Employer: | Telephone () | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | Employed - (State month and Year) From: _____ To: _____ | |
| Name and Title of Supervisor: | Salary/Wage Start: _____ Last: _____ | |
| Job Title and Description of Duties: | Reason for Leaving: _____ | |
| Previous Employer: | Telephone () | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | Employed - (State month and Year) From: _____ To: _____ | |
| Name & Title of Supervisor: | Salary/Wage Start: _____ Last: _____ | |
| Job Title and Description of Duties: | Reason for Leaving: _____ | |
| Previous Employer: | Telephone () | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | Employed - (State month and Year) From: _____ To: _____ | |
| Name and Title of Supervisor: | Salary/Wage Start: _____ Last: _____ | |
| Job Title and Description of Duties: | Reason for Leaving: _____ | |

PROFESSIONAL/PERSONAL REFERENCES

| | | |
|---|----------|----------------|
| 1 | 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.

Date: _____ Applicant's Signature: _____