

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Position applying for

\_\_\_\_\_  
Date

**APPLICATION FOR EMPLOYMENT**  
AN EQUAL OPPORTUNITY EMPLOYER

All statements made by applicants for employment on this application form will be carefully checked for accuracy. We offer equal employment opportunities for all persons without regard to race, religion, age, sex, national origin or disability. The use of this form does not mean there are positions open and does not obligate us in any way. This application will remain on active file for a period of six months from the date of application.

Rate of pay expected: \_\_\_\_\_ Date available for employment \_\_\_\_\_

PERSONAL INFORMATION				
Name (Last)	(First)	(M.I.)	Social Security Number	Date of Birth
Present Address – Street or P.O. Box No.			City	State – ZIP
Telephone: ( )				
Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give details			Work Schedule Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer	
Names of relatives or friends employed by this company:			May we contact your present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ Please initial: I understand that an offer of employment and my continued employment are contingent upon satisfactory proof of my authorization to work in the United States.				

Do you have a valid driver's license?

Yes  No

May we have permission to obtain your driving record for the last 36 months from your state motor vehicle department? (only required if position involves use of motor vehicle for company business).

Yes  No Signed: \_\_\_\_\_

Can you perform the essential job functions associated with the position for which you are applying?

Yes  No

EDUCATION (Name & Address of School)	Course of Study	Yrs. Completed	Did you graduate?
High School			
College			
Other (Business – Trade – Graduate Study)			

<b>EMPLOYMENT HISTORY</b> (Please list most recent employer first)		
Company: Address:	Date (Mo. & Yr.) From: To:	Reason for Leaving:
Supervisor's Name:	Job Duties:	
Phone: (     )		
Company: Address:	Date (Mo. & Yr.) From: To:	Reason for Leaving:
Supervisor's Name:	Job Duties:	
Phone: (     )		
Company or Military Service: Address:	Date (Mo. & Yr.) From: To:	Reason for Leaving:
Supervisor's Name:	Job Duties:	
Phone: (     )		
Use this space to list additional information on certifications, license, special work skills and equipment you can operate:		
<b>SECURITY DATA</b>		
Have you been convicted of a felony within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please briefly describe the circumstances of you conviction, indicating the date, nature, and place of the offense and disposition of the case.		

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

1. I understand and agree that:
  - a) The information that I have provided is accurate to the best of my knowledge and subject to verification.
  - b) A material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment, or if employed termination.
  - c) The use of this application form does not indicate that there are positions open and does not in any way obligate this company to hire me.
2. I agree to submit to a medical examination and drug test if required.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_