

EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS:

- 1. Please read applicant note 2. Complete all pages of this form.
- 3. Please use back of page if more space is needed. 4. Print Clearly

TODAY'S DATE: _____
 FIRST, LAST & M.I . _____
 SOCIAL SECURITY #: _____
 HOME PHONE: () _____ - _____ WORK PHONE: () _____ - _____
 CURRENT ADDRESS: _____
 PRIOR ADDRESS: _____
 EMERGENCY CONTACT: _____

APPLICANT NOTE: This application form is intended for use in evaluating your suitability for employment. It is not an employment contract. Please answer all appropriate questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. Federal law provides penalties for false statements on documents related to U.S. employment eligibility. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of non-job related disabilities, and such information may be omitted from this form.

AVAILABILITY

Position applying for _____ Date you can start _____

EDUCATION	Name	Address	Graduate?
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

EXPERIENCE

Please list most recent employer first

Employer _____
 Address _____
 Phone # () _____ - _____
 Supervisor _____
 Dates Employed _____
 Position _____
 Reason for Leaving _____

Employer _____
 Address _____
 Phone # () _____ - _____
 Supervisor _____
 Dates Employed _____
 Position _____
 Reason for Leaving _____

Employer _____
Address _____
Phone # () _____ - _____
Supervisor _____
Dates Employed _____
Position _____
Reason for Leaving _____

SECURITY

List states and counties of residence for past seven years:

Have you used any names or Social Security Numbers other than those on page one?

Yes _____ No _____

If yes, Please list _____

Have you been convicted of a felony or served time in the last 7 years?

Yes _____ No _____

If yes, Please Explain _____

HEALTH

Have you ever been injured on the job? Yes _____ No _____

If yes, please describe below.

Incident _____ City.State _____
Employer _____ Detail _____

Incident _____ City.State _____
Employer _____ Detail _____

Incident _____ City.State _____
Employer _____ Detail _____

REFERENCES

Name _____	Name _____
Address _____	Address _____
Years Known _____	Years Known _____

CERTIFICATION & RELEASE

I certify that I have read and understood the applicant note on page 1 of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and its agents to verify any of this information, including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and release them from liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires it, I am willing to submit to a drug test.

Signature _____

Date _____