



**APPLICATION FOR EMPLOYMENT**  
(AN EQUAL OPPORTUNITY EMPLOYER)

*We will not discriminate based upon race, color, religion, sex, national origin, citizenship, age, height, weight, marital status, veteran status, handicap, or any other protected category. Individuals with disabilities may request accommodation in the application process.*

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Sec. No. \_\_\_\_\_  
LAST FIRST MIDDLE

Present Address \_\_\_\_\_  
STREET CITY STATE ZIP

Permanent Address \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone No. (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years or older? Yes  No

Are you a U.S. Citizen? Yes  No

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

Do you have reliable transportation? Yes  No

Do you smoke? Yes  No

Have you ever been convicted of a crime? Yes  No

If so, When? \_\_\_\_\_ Where? \_\_\_\_\_

What was the nature of the offense? \_\_\_\_\_

Are there any felony charges pending against you? Yes  No

U.S. Military or Naval Service \_\_\_\_\_ Rank Upon Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Duties: \_\_\_\_\_

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**EMPLOYMENT DESIRED**

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Position Applied For? \_\_\_\_\_  
Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you ever applied to or worked for this Company before? Yes  No   
Where? \_\_\_\_\_ When? \_\_\_\_\_

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## EDUCATION

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NAME \_\_\_\_\_ *Number Of Years Attended* \_\_\_\_\_ *Did You Graduate?* \_\_\_\_\_ *Reason For Leaving?* \_\_\_\_\_ *Location* \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

OTHER (include Trade or Vocational Schools, and education gained in the Military) \_\_\_\_\_

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## EMPLOYMENT HISTORY

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LIST ALL FORMER AND CURRENT EMPLOYERS WITHIN THE PAST 10 YEARS

(If Employed, list all former employers with the most recent employer first)

Name Of Employer:				
Address Of Employer:				
<i>Employ. Dates Start &amp; End</i>	<i>Position(s) Held</i>	<i>Salary - Start &amp; End</i>	<i>Name &amp; Phone # of Immed. Supervisor</i>	<i>State each and every Reason for Leaving</i>

Name Of Employer:				
Address Of Employer:				
<i>Employ. Dates Start &amp; End</i>	<i>Position(s) Held</i>	<i>Salary - Start &amp; End</i>	<i>Name &amp; Phone # of Immed. Supervisor</i>	<i>State each and every Reason for Leaving</i>

Name Of Employer:				
Address Of Employer:				
<i>Employ. Dates Start &amp; End</i>	<i>Position(s) Held</i>	<i>Salary - Start &amp; End</i>	<i>Name &amp; Phone # of Immed. Supervisor</i>	<i>State each and every Reason for Leaving</i>

BE SURE YOU HAVE NOT OMITTED ANY EMPLOYER REGARDLESS OF DURATION AND NATURE. (Use extra paper, if necessary)



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**PLACES OF RESIDENCE INFORMATION**

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Please list **any and all addresses** where you have lived for the past ten years: Use the back of this form if necessary.

	<u>Address</u>	<u>City</u>	<u>State/Zip</u>	<u>Dates From/To</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**DISCLOSURE**

1. I authorize the Company to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, the Company has my permission to contact persons who may have information relating to my suitability for employment and to secure consumer reports (including investigative consumer reports).

2. I authorize and instruct any person or agency contacted to participate or conduct inquiries at its request, to compile information, and to furnish any information obtained as a result of such inquiries whether or not such information is part of their records. I further authorize the Company, in its sole discretion, to furnish copies of this authorization and my application to any person(s) and/or consumer reporting agency(ies) in connection with the above purposes. I agree to release you and all parties from any liability for any damages that may result from furnishing such information.

Information contained in reports obtained by the Company in accordance with the above authorization may include information pertaining to your character, general reputation, police record, personal characteristics, and mode of living. You have the right to request that the Company completely and accurately disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the personnel department within a reasonable period of time after your application for employment is received. If employment is denied on the basis of information contained in a credit report, the company will advise you of its decision and provide the name and address of the credit reporting agency that made the report.

3. I certify that the information in this application is complete and correct to the best of my knowledge and understand that any falsification, misrepresentation, or omission of this information is grounds for a rejection of this Application or dismissal of any employment if I am hired.

4. I authorize the Company to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure and, in consideration of its efforts to provide information, hereby release the Company and its agents from any liability whatsoever as a result of any such inquiries and disclosures.

5. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the President of the Company in writing within 182 days after the need is known.

6. In consideration of my employment, I agree to conform to the rules and regulations of the Company, and I agree that my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the Company or myself. I understand that no officer or representative of the Company has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the President of the Company, and any such agreement must be made in a signed writing directed to me personally. I further acknowledge that no one has made any representations or statements contrary to the company's at-will policy to me, either orally or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

7. In further consideration the Company's review of my application and possible subsequent employment, I agree that any claim or lawsuit arising out of my employment with or my application for employment with the Company or any of its

subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of any employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY. Should a court determine in some future lawsuit that this provision allows any unreasonably short period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimal reasonable time within which the suit should have been commenced.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, I UNDERSTAND, AND I AGREE TO THE TERMS OF EACH OF THE ABOVE SEVEN (7) INDIVIDUAL STATEMENTS.

DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

