

APPLICATION FOR EMPLOYMENT

Date of Application	
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The Company is an equal opportunity employer which seeks and employs qualified persons in all job classifications. All personnel actions are administered without discrimination based upon race, color, religion, sex, marital status, age, national origin, disability or veteran status.

IMPORTANT PLEASE READ BEFORE COMPLETING APPLICATION It is important that you supply all the information requested, as incomplete applications may not be considered. Applications are accepted only when there are specific positions available which the Company seeks to fill. When completed, this application will only be active for employment consideration for thirty (30) days from the date completed, or such lesser time as it takes for the company to fill the position for which you are applying. If you are not hired within the time and wish further employment consideration, you must reapply by completing a new application.

PERSONAL INFORMATION	ON	Social Security Nu	umber: /	/	
Print Last Name	First Name		Middle Initial		
Present Address		City & State			Zip Code
Home Phone ()	Work Ph	one ()		Are you 1	6 or older? YES / NO
•	ivicted of a felony or misden es not necessarily disqualify	•	, , ,		nature of the conviction:
Schools	Names and Locations of Institutions	Circle Last Year Completed:	Gradu Yes	ated No	Degree Received
High School					
College, Business, Vocational, Trade					
Other Education,					

Special skills, honors, achievements, memberships, activities, positions of leadership (school, civic, community, special interest group) excluding any organizations, the name or character of which may reveal race, disability, religion or national origin of its members.

Office Machine and Equipment Operated:

EMPLOYMENT HISTORY

(Military, on the job,

Please list all jobs beginning with the most recent. Account for all periods of employment and military service. Explain any lapse of time over three weeks between employment in the comments section below. Failure to provide complete information may result in disqualification of your application

Dates and Salary From Mo/Year to Mo/Year	Employer	Job Title, Description of Duties, Hours worked, Reason for Leaving
Dates:	Name:	Title:
Hours worked:	Address:	Duties:
Salary:	Phone/Area Code	
May we contact this employer: Y / N	Supervisor's Name:	Reason for Leaving:

Dates and Salary From Mo/Year to Mo/Year	Employer	Job Title, Description of Duties, Hours worked, Reason for Leaving
Dates:	Name:	Title:
Hours worked:	Address:	Duties:
Salary:	Phone/Area Code	
May we contact this employer: Y / N	Supervisor's Name:	Reason for Leaving:

Dates and Salary From Mo/Year to Mo/Year	Employer	Job Title, Description of Duties, Hours worked, Reason for Leaving
Dates:	Name:	Title:
Hours worked:	Address:	Duties:
Salary:	Phone/Area Code	
May we contact this employer: Y / N	Supervisor's Name:	Reason for Leaving:

Dates and Salary Employer From Mo/Year to Mo/Year		Job Title, Description of Duties, Hours worked, Reason for Leaving
Dates:	Name:	Title:
Hours worked:	Address:	Duties:
Salary:	Phone/Area Code	
May we contact this employer: Y / N	Supervisor's Name:	Reason for Leaving:

Total Hours

Available Per Week

Hours Available	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
From							
То							

COMMENTS (including additional working experience, explanation of any gaps in employment, special employment, training, etc.)

State whether you have ever been terminated or suspended from any previous employment and describe the circumstances:

PROFESSIONAL/EDUCATIONAL REFERENCES

Give the names, addresses and phone numbers of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Phone/Area Code

AUTHORIZATION AND ACKNOWLEDGMENT

I authorize this employer or its duly authorized representative to verify all statements contained in this application, to conduct any background investigations deemed necessary, and I release from all liability whatsoever all persons, companies and corporations supplying such information. I expressly agree to indemnify the Company against any liability which might result from making such investigation. I understand that any false answers, statements or implications made by me in this application shall be considered sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in this granting of any interview is intended to create an employment contract between the Company and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise of guarantee is binding upon the company unless in writing and signed by the Chief Executive Officer. If an employment relationship is established, I shall confirm to Company policy and procedures. I understand that I have the right to terminate my employment at any time for any reason, and that the Company retains a similar right. My signature below is an acknowledgement that I have fully read and understand all expressed conditions and terms in this application.

Signature of applicant	Date
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