



EMPLOYMENT APPLICATION

Position Desired: _____ Full time Part time Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize the Company to investigate my driving record, my credit history and my criminal record. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I understand that the Company is a 100% electronic pay environment. Further, if I am hired I will primarily receive my pay either by direct deposit or by a company issued payroll debit card.

By signing below, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

*** AUTHORIZATION TO OBTAIN CONSUMER REPORT ***

I CERTIFY THAT I HAVE RECEIVED A WRITTEN NOTIFICATION THAT THE COMPANY MAY OBTAIN A CONSUMER REPORT OR REPORTS ON ME. I AUTHORIZE THIS COMPANY TO OBTAIN SUCH A REPORT OR REPORTS FOR USE IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT AND FOR OTHER EMPLOYMENT-RELATED REASONS. I UNDERSTAND THAT THE TERM "CONSUMER REPORT" INCLUDES, BUT IS NOT LIMITED TO, CREDIT CHECKS, CRIMINAL BACKGROUND CHECKS, AND DEPARTMENT OF MOTOR VEHICLE REPORTS.

_____ Date _____ Signature of Applicant

PERSONAL DATA

Name _____ Social Security No. _____
(Print) Last First Middle

Present Address _____ How long have you lived there? _____
Street and Number City State Zip Years Months

Previous Address _____ How long did you live there? _____
Street and Number City State Zip Years Months

Telephone No. _____ Are you 18 years of age or older? Yes No

Have you ever worked for this Company before? Yes No
If Yes, please give dates and position: _____

Do you have any friends or relatives working here? Yes No
If Yes, Name: _____ Relationship: _____

How would you get to and from work everyday?

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime or have any criminal charges pending?
 Yes No If Yes, please give date and details of each:

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Present or Last Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address				
City, State, Zip Code	To (mo/yr)	Final \$	Name and Title <u>of Last Supervisor</u>	
Telephone				
Present or Last Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address				
City, State, Zip Code	To (mo/yr)	Final \$	Name and Title <u>of Last Supervisor</u>	
Telephone				
Present or Last Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address				
City, State, Zip Code	To (mo/yr)	Final \$	Name and Title <u>of Last Supervisor</u>	
Telephone				
Present or Last Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address				
City, State, Zip Code	To (mo/yr)	Final \$	Name and Title <u>of Last Supervisor</u>	
Telephone				

Have you ever been terminated or asked to resign from any job? [] Yes [] No If Yes, please explain circumstances:

Please explain any gaps in your employment history

May we contact your current employer? [] Yes [] No If No, please explain:

PREVIOUS EXPERIENCE (Skills)

Please describe any experience you have which you feel would assist you in performing the job for which you are applying.

EDUCATION

School Name	Years Completed: (Circle)	Diploma or Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
	Elementary 4 5 6 7 8			
	High School 9 10 11 12			
	College / University 1 2 3 4			
	Graduate / Professional 1 2 3 4			
	Trade / Correspondence			
	Other			

EMERGENCY INFORMATION

In case of an accident or other emergency, who should we contact?

Name _____ Relationship _____

Home address _____ Telephone _____
Street City State Zip

Work address _____ Telephone _____
Street City State Zip

PERSONAL REFERENCES

Please list persons who know you well -- not previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

DRIVING INFORMATION (Please complete this **DRIVING INFORMATION** section if the position you are applying for involves driving)

for the Company. Otherwise, please skip this section.)

Do you have a current driver's license? [] Yes [] No

State: _____ License No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? [] Yes [] No If Yes, please explain circumstances:

Do you have personal automobile insurance? [] Yes [] No Insurance Company: _____

Has your personal automobile insurance ever been cancelled? [] Yes [] No If Yes, please explain circumstances:

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? [] Yes [] No

If Yes, please explain circumstances and outcome: _____

Please list all moving traffic violations in the last five (5) years:

Offense Date Location

Offense Date Location

Offense Date Location

Offense Date Location

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE AND ACCURATE.

Date

Signature of Applicant