



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, and other protected classification.

PERSONAL INFORMATION

Name	<input type="text"/> <i>Last</i>	<input type="text"/> <i>First</i>	<input type="text"/> <i>Middle</i>
Address	<input type="text"/> <i>Street</i>		
	<input type="text"/> <i>City</i>	<input type="text"/> <i>Zip</i>	
Phone	<input type="text"/>	Social Security:	<input type="text"/>
Referred By	<input type="text"/>	Are you 18 years old or older?	<input type="radio"/> Yes <input type="radio"/> No

EMPLOYMENT DESIRED

Apply For:	<input type="text"/>	Date You Can Start:	<input type="text"/>
Salary Desired:	<input type="text"/>		
Are you currently employed?	<input type="radio"/> Yes <input type="radio"/> No	If so, may we contact your employer?	<input type="radio"/> Yes <input type="radio"/> No

EDUCATION

High School	<input type="text"/> <i>Name of School</i>	Graduate?	<input type="radio"/> Yes <input type="radio"/> No
College	<input type="text"/> <i>Name of School</i>	Graduate?	<input type="radio"/> Yes <input type="radio"/> No
Trade, Graduate, or Correspondence School	<input type="text"/> <i>Name of School</i>	Graduate?	<input type="radio"/> Yes <input type="radio"/> No

GENERAL

List any special skills or experience that you feel would help you in the position that you are applying for (certificate, awards, leadership, organizations, etc.)

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

Do you have adequate transportation to and from work? Yes No



EMPLOYMENT HISTORY

List below your last 3 employers, starting with the last one first.

	Date	Name and Address of Employer	Phone Number	Reason for Leaving
From				
To				
From				
To				
From				
To				

Have you ever been terminated or asked to resign for any job? Yes No

If yes, please explain circumstance

REFERENCES

Please list three professional references not related to you

Name	Phone Number	Relationship

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 information that I have provided on this application is true, accurate, and complete

Signature

Date



APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system after a conditional offer of employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination with medical clearance verified through a workers' compensation background check. I consent to the disclosure of the results of any physical examination, related tests, and medical clearance to the Company. I also understand that I may be required to take other tests such as personality and honesty assessments, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may

I further understand that after making a conditional offer of employment, the Company may obtain Public Records about me as part of an internal background investigation and that I may waive my right to receive a copy of such Public Records by checking the box to the right Yes

I further understand that the Company may contact my previous employers. I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my application for employment, in any interview, and in any post-offer medical examination or clearance is true, complete and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if any information I have provided to the Company is found to be false, misleading, or incomplete, in any respect, my application may be rejected, any contingent offer of employment may be withdrawn, or if I have been employed, that I may be dismissed.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between the Company and me regarding the length of my employment and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the Board of Directors of the Company. No supervisor or representative of the Company, other than its Board of Directors, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING. I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THE SAME. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

Signature of Applicant

Date