



# EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status, or any condition prescribed by state or local law.

PLEASE WRITE LEGIBLY, FILL OUT COMPLETELY.

PERSONAL INFORMATION		TODAY'S DATE	
LAST NAME	FIRST NAME	SOCIAL SECURITY NO	
STREET ADDRESS		HOME PHONE	( )
		CELL PHONE	( )
CITY	STATE	ZIP	

Have you ever applied for employment with us?	YES	NO	
Are you available for full-time work? Will you work overtime if asked?	YES	NO	
If not, what hours can you work?			
Are you legally eligible for employment in the U.S.?	YES	NO	
Position Desired	Salary Desired		
Have you been convicted of ANY crimes in the past ten years?	YES	NO	
If "YES", describe in full.			
Do you have any special training or skills (languages, licenses, accreditations, etc.)			

## EDUCATION HISTORY

	NAME OF SCHOOL AND ADDRESS	COURSE OF STUDY	YEARS COMPLETE	DEGREE/DIPLOMA
HIGH SCHOOL				
COLLEGE				

## WORK HISTORY

COMPANY NAME	TELEPHONE	( )	
STREET ADDRESS	EMPLOYED	START	END
CITY	STATE	ZIP	
NAME OF SUPERVISOR			
JOB TITLE AND DESCRIPTION	PAY	START	END
REASON FOR LEAVING			

COMPANY NAME	TELEPHONE	(	)
STREET ADDRESS	EMPLOYED	START	END
CITY	STATE	ZIP	
NAME OF SUPERVISOR			
JOB TITLE AND DESCRIPTION	PAY	START	END
REASON FOR LEAVING			

COMPANY NAME	TELEPHONE	(	)
STREET ADDRESS	EMPLOYED	START	END
CITY	STATE	ZIP	
NAME OF SUPERVISOR			
JOB TITLE AND DESCRIPTION	PAY	START	END
REASON FOR LEAVING			

**PLEASE READ AND UNDERSTAND THIS STATEMENT BEFORE SIGNING YOUR APPLICATION**

This information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from background check agencies, previous employers or educational institutions I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or it's representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in thirty days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at anytime, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has the authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

SIGNATURE

DATE