EMPLOYMENT APPLICATION - APPLICATIONS NOT COMPLETED IN FULL WILL NOT BE CONSIDERED.

We operate a drug free workplace. If you are unable to pass a pre-employment drug screen, please stop here and have a nice day.

APPLICANT INFORMATION									
Last Name		First				M.I.	D.O.B		
Street Address							Apartment/Unit #		
City		State	State				ZIP		
Phone		E-mail	E-mail Address						
Date Available	Social Sec	urity No.	rity No.			Desired Salary			
Position Applied for	'				'				
Are you a citizen of the United States?	YES	NO 🗆	NO \square If no, are you authorized to work in the U.S.? YES \square NO \square						
Have you ever worked for this company?	YES 🗆	NO If yes, when? From				То			
Have you ever been convicted of a felony?	YES 🗆	NO 🗆	If yes,	explain					
Have you ever been fired from any job for any reason?	YES 🗆	NO 🗆	If yes,	explain					
Have you ever quit a job after being notified	YES	NO 🗆							
Do you have a valid driver's license?	YES 🗆	NO 🗆	If yes, Numbe						
Have you had your driver's license suspended of	or revoked o	or had yo	ur driving	privileg	es modified	by a	court of law?	PYES 🗆 NO 🗆	
If you are applying for a non-clerical position you may be required to stand, sit, bend, kneel, reach, push, pull, and lift in excess of 50lbs. repetitively for long periods of time in cold or hot weather. Are you capable of performing all of these tasks? YES \square NO \square									
If no, explain.									
EDUCATION									
			Address						
From To Did you g	raduate?	YES	NO 🗆	Dec	gree				
		Address							
		YES NO Degree							
, -		Address							
From To Did you g		YES	NO 🗆	Dec	gree				
Trom To Did you gi			- NO -	Dei					
REFERENCES									
Please list three professional references.									
Full Name Relationship									
Company			Phone						
Address									

Full Name			Relationship						
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
PREVIOUS EMPLOYM	IENT								
Company				Phone					
Address				Supervisor					
Job Title			Starting Salary	\$	Ending Salary		\$		
Responsibilities									
From	From To Reason for Leaving								
May we contact your previous supervisor for a reference?			NO 🗆	NO 🗆					
Company				Phone					
Address			Supervisor						
Job Title Starting Salary			\$		Ending Salary	\$			
Responsibilities			'			'			
From	То	Reason for Leaving	J						
May we contact your previous supervisor for a reference?				NO 🗆					
Company			Phone						
Address			Supervisor						
Job Title Starting Salary			\$		Ending Salary	\$			
Responsibilities									
From	То	Reason for Leaving	J						
May we contact your previous supervisor for a reference? YES \(\square\) NO \(\square\)									
MILITARY SERVICE							_		
Branch					From		То		
Rank at Discharge					Type of Discharge				
If other than honora	able, explain								

DISCLAIMER AND SIGNATURE

- 1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.
- 2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
- 3. I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.
- 4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act.
- 5. I understand that I will be required to pass a pre-employment drug screen and be subject to random drug screening.
- 6. I understand that I must sign-up for Direct Deposit if I am hired and that I am responsible for maintaining an account for Direct Deposit.
- 7. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Signature	Date
Signature	Date