

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

Date: _____

Social Security No.: _____

Phone No. (____) _____

Name _____

Present Address _____ How long have you lived there? _____

Previous Address _____ How long did you live there? _____

Position applied for _____ Earnings expected _____ per _____

Are you legally eligible for employment in the United States? Yes No Are you seeking full-time__ or part-time__ work?

Are you employed now? Yes No Have you worked for our Company before? Yes No If yes, from _____ to _____

If you are employed, why do you want to change jobs? _____

Are you known by another name (alias)? Yes No If yes, name used _____

Are you over 21? Yes No If under 18, date of birth _____ Date available to start work _____

Have you ever been terminated by an employer? Yes No If yes, give details _____

Have you ever been convicted of a felony? Yes No If yes, give date and nature of offense and disposition of case _____

(A conviction record will not necessarily be a bar to employment and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)

Have you ever received unemployment compensation? Yes No If yes, when _____ and from what employers _____

PERSONAL REFERENCES (not former employers or relatives)

Name

Address

Phone

RECORD OF EDUCATION

School	Name and address of school	Country	Course of study	Circle last year completed	Did you graduate
Elementary				5 6 7 8	
High School				1 2 3 4	
College				1 2 3 4	
Other (specify)				1 2 3 4	

MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces? Yes No If yes, which branch of service _____

Have you received a dishonorable discharge? Yes No If yes, give details _____

LIST TYPES OF MACHINES, EQUIPMENT , OR SOFTWARE YOU ARE TRAINED TO OPERATE

LIST ANY JOB RELATED SPECIAL LICENSES AND/OR CERTIFICATES YOU NOW HOLD

PRESENT AND PAST EMPLOYMENT RECORD (Begin with most recent or present employer)

1. Name & Address

of employer _____ **Phone** _____
Name of immediate supervisor _____ **Date hired** _____ **Starting salary/rate of pay** _____
Describe your duties _____ **Last salary/rate of pay** _____

Still working? _____ **Date left** _____ **Quit?** _____ **Laid off?** _____ **Terminated?** _____ **Other?** _____

If still employed, may we contact your present employer? Yes No

2. Name & Address

of employer _____ **Phone** _____
Name of immediate supervisor _____ **Date hired** _____ **Starting salary/rate of pay** _____
Describe your duties _____ **Last salary/rate of pay** _____

Date left _____ **Quit?** _____ **Laid off?** _____ **Terminated?** _____ **Other?** _____

3. Name & Address

of employer _____ **Phone** _____
Name of immediate supervisor _____ **Date hired** _____ **Starting salary/rate of pay** _____
Describe your duties _____ **Last salary/rate of pay** _____

Date left _____ **Quit?** _____ **Laid off?** _____ **Terminated?** _____ **Other?** _____

Will your present/past employment records show that you attended regularly and performed a reasonable days work? Yes No

DRIVER APPLICANTS MUST COMPLETE THE FOLLOWING (attach additional sheet of paper if necessary)

List names, addresses, dates of employment and reason for leaving such employment of other companies you have worked for in the last 10 years. _____

The following is a true and complete list of traffic violations (other than parking tickets) for which I have knowingly been convicted or forfeited bond or collateral during the last 36 months. _____

The following is a true and complete list of all motor vehicle accidents I was involved in during the last 36 months (give nature of each accident and any fatalities or personal injuries caused). _____

Have you had your privilege, license or permit to operate a motor vehicle suspended, denied or revoked? Yes No If yes, give details _____

Do you have a valid drivers or commercial drivers license? Yes No If yes, what is the expiration date _____, license number _____ and the state of issue _____?

JOB APPLICANT'S AGREEMENT AND CERTIFICATION (PLEASE READ CAREFULLY)

I authorize the investigation of all matters contained in this application and hereby give the Company permission to contact schools, references, previous employers (unless otherwise indicated), and others, and hereby release the Company from any liability as a result of such contact. I understand that any misrepresentation or omission of important facts and relevant information called for is just cause for dismissal at any time without previous notice. I further understand that the first ninety days of employment with this Company shall be a trial period, and further that at any time during the trial period and thereafter, my "at will" employment relationship with the Company is terminable for any reason or no reason by either party. If employed, I understand that the Company may unilaterally change or revise fringe benefits, policies, and procedures and such changes may include reduction in benefits. I understand that my employment is contingent upon meeting the requirements of the Immigration Reform and Control Act of 1986. If no action is taken on this application within 365 days of signature, it will be destroyed. I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of applicant _____ **Date** _____