



APPLICATION FOR EMPLOYMENT

Equal employment Opportunity Employer

Each Question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room to list all the requested information. We require you to list at least the last three employers, or where you have worked for the last three years, whichever is the longest.
 PLEASE PRINT, except for the signature on the back of this application. All information given will be held in confidence.
 NOTE: This application is current and valid for thirty (30) days only. After that, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application IN PERSON. Attach additional sheets of paper if necessary to complete this application.

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PERSONAL INFORMATION

Date: _____
 Soc.Sec # _____

NAME

LAST FIRST MI
 HAVE YOU EVER BEEN EMPLOYED OR WORKED UNDER ANY OTHER NAMES? IF YES, WHAT OTHER NAMES HAVE YOU USED?
 Yes No

Present Address

STREET CITY STATE ZIP CODE

MAILING ADDRESS

(IF DIFFERENT THAN ABOVE) STREET CITY STATE ZIP CODE

PHONE NO. ARE YOU 18 YEARS OR OLDER YES NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S. ? YES NO

NOTE: TO THE EXTENT GOVERNED BY FEDERAL LAW, WE WILL REQUIRE PROOF OF EMPLOYMENT ELIGIBILITY

HOW DID YOU FIND OUT ABOUT THIS JOB?

ARE THERE ANY DAYS OR HOURS YOU CAN'T WORK DUE TO OTHER NEEDS?

EVERY APPLIED WITH US BEFORE?

YES NO

ARE YOU ABLE TO WORK OVERTIME?

YES NO

UNDER EACH DAY IN THE BOXES BELOW LIST THE HOURS YOU WILL BE AVAILABLE TO WORK DURING THE REGULAR WEEK

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

EDUCATION

	NAME AND LOCATION OF SCHOOL	NUM OF YEARS ATTENDED	GRADUATED YES / NO	YEAR	SUBJECTS STUDIED
HIGH SCHOOL					
COLLEGE					
OTHER					
SCHOOLIN/TRAINING					

Qualifications / Certifications

AREAS OF SPECIAL STUDY, TRAINING OR QUALIFICATIONS

IF APPLYING FOR WORK IN A SECURITY OR TRUST POSITION. HAVE YOU EVER BEEN DENIED A FIDELITY BOND? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY YES NO NOTE: IF "YES" TO ANY, THEN GIVE DATES & EXPLAIN

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING DISHONESTY OR THEFT YES NO

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST)					
DATE MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM	TO				
FROM	TO				
FROM	TO				
FROM	TO				
FROM	TO				

REFERENCES GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR			
NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS AQUAINTED

NOTICE TO APPLICANTS:

IF YOU NEED ANY ASSISTANCE IN COMPLETING THIS APPLICATION PLEASE CONTACT THE MANAGEMENT. IF YOU NEED A REASONABLE ACCOMMODATION IN ORDER TO INTERVIEW FOR A JOB PLEASE INFORM OUR STAFF IN ORDER THAT WE MAKE APPROPRIATE ARRANGEMENTS TO ASSIST YOU. AN ANSWER OF "YES" TO A QUESTION ABOUT A PRIOR FELONY OR MISDEMEANOR DOES NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. WE NEED TO KNOW THE SPECIFICS TO MEET OUR INSURANCE AND BONDONG REQUIREMENTS.

ACKNOWLEDGMENT & AGREEMENT

"I CERTIFY THAT ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTAIONS ARE DISCOVERED MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. I UNDERSTAND I WILL BE REQUIRED TO SHOW PROOF OF MY ELIGIBILITY FOR EMPLOYEMENT IN THE UNITED STATES IN ACCORDANCE WITH FEDERAL IMMIGRATION LAW AND REGULATION.

"I UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRES MAY BE MADE INCLUDING REFERENCES, EMPLOYMENT HISTORY, EDUCATION AND OTHER REPORTS. IF I AM APPLYING FOR A POSITION OF TRUST AND/OR A JOB THAT REQUIRES HANDLING MONEY OR DRIVING. ADDITIONAL REPORTS CAN INCLUDE CONSUMER CREDIT, DRIVING AND CRIMINAL RECORDS. THESE REPORTS INCLUDE INFORMATION AS TO MY CHARACTER, PAST PERFORMANCE AS AN EMPLOYEE AND RECORDS FROM VARIOUS PRIVATE, STATE AND FEDERAL AGENCIES. I HEREBY VOLUNTARILY AGREE TO SUCH CHECKS AND RELEASE ALL PARTIES INCLUDING PAST EMPLOYERS AND THIS COMPANY FROM ANY AND ALL LIABILITY IN THE INFORMATION SOUGHT, PROVIDED AND OBTAINED.

"IF EMPLOYED. I WILL BE IN AN INTRODUCTORY PERIOD FOR AT LEAST 90 DAYS. IN CONSIDERATION OF MY EMPLOYMENT . I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME. BY EITHER ME OR THE OR THE COMPANY.

"I UNDERSTAND THAT A BLOOD , BREATH OR OTHER BODY SUBSTANCE TEST MAY BE REQUESTED OF ME AS PART OF THE COMPANY'S PROGRAM. SINCE TESTING IS A CONDITION OF EMPLOYMENT. I AGREE TO COOPERATE WITH PROPER TESTING AUTHORITY AND ACCEPT TESTING IF AND WHEN ASKED UNDER THE CONDITIONS DESCRIBED IN THE COMPANY'S DRUG FREE WORKPLACE PROGRAM.

"I UNDERSTAND THE COMPANY HAS A DRUG TESTING POLICY. I UNDERSTAND THAT THE DRUG AND ALCOHOL TESTING CAN OCCUR UNDER THE TERMS AND CONDITIONS OF THE COMPANY'S POLICIES AND PROCEDURES. ALL DRUG & ALCOHOL TESTING IS PERFORMED BY AN ACCREDITED TESTING SERVICE AND

DATE	Applicant's Signature
DATE	Applicant's Signature