

Application for employment at: _____

Name _____	Social Security # _____
Address _____	
City _____	State _____ Zip _____
Home Phone #() _____	Other # where you can be reached() _____
Are you 18 years of age or over? _____ Yes _____ No	

Job Interest

Positions(s) Desired _____
_____ F/T _____ P/T _____ Relief _____ Temporary
Shift Preference _____ would you accept another? _____ Yes _____ No
Can you work shift rotations _____ Yes _____ No Weekends _____ Yes _____ No Salary Requirements _____

Education and Training

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
High School Name _____ City/State _____
Did you graduate _____ No _____ Yes Date _____ G.E.D Date _____
College/ Name _____ City/State _____
University Dates of Attendance: From: _____ To _____ Field of Study _____
Type of Degree Obtained _____ Date Obtained _____
Other Education or Training _____
Name of Facility _____ City/State _____
Date of Attendance: From: _____ To _____

Certification

Professional Certification/License _____
City/State _____ Expiration Date _____

Skills

List office machines you can operate _____
Typing Speed _____ Computer Skills: PC _____ Mac _____
Computer Programs _____

Employment History

List your last 3 places of employment, including Military Service. If you were employed under a different name, please include that name.

Present or Last Employer _____ Supervisor _____
Mailing Address _____
City _____ State _____ Zip _____ Phone() _____
Position Held _____ Dates of Employment: From: _____ To _____
Duties: _____ Salary _____
Reason for Leaving _____ May we Contact _____ Yes _____ No

Employer_____	Supervisor_____		
Mailing Address_____			
City_____	State_____	Zip_____	Phone(____)
Position Held_____	Dates of Employment: From_____ To_____		
Duties:_____	Salary_____		
Reason for Leaving_____	May we Contact_____	Yes_____	No_____
Employer_____	Supervisor_____		
Mailing Address_____			
City_____	State_____	Zip_____	Phone(____)
Position Held_____	Dates of Employment: From_____ To_____		
Duties:_____	Salary_____		
Reason for Leaving_____	May we Contact_____	Yes_____	No_____

References Include persons other than relatives and employers

Name_____	Occupation_____	Years known_____
Address_____		Daytime Phone(____)
Name_____	Occupation_____	Years known_____
Address_____		Daytime Phone(____)

Emergency Notification

Name_____	Daytime Phone(____)		
Address_____	City_____	State_____	ZIP_____

Personal Background

Are you legally eligible for employment in the U.S.? _____ Yes _____ No
Have you ever been convicted of a crime? _____ Yes _____ No
If Yes please explain_____

Is there anything special about you that we forgot to ask?_____

Applicant's Statement

I hereby consent to the company's verifying all of the information I have provided on this application form, including schooling, training and employment data, and agree to execute as a condition of employment or of continued employment written authorizations to provide the Company with access and to copies of any medical histories or records pertaining to me (or spouse or dependents who due to my employment may be covered by any Company medical or other insurance program). I further agree and release from all liability or responsibility all persons, school, companies, physicians, hospitals or agencies for supplying any information related to the matters referred to on my application form.

I consent to taking any pre-employment physical examinations and such future physical examinations as may be required by the Company.

I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

If an employment relationship is established, I understand that the employment relationship is an "at will" relationship and that I have a right to terminate my employment at any time and that the Company retains a similar right. I also understand that, if hired, there will be a 90-day probationary period.

Applicant's Signature_____ Date_____