

EMPLOYMENT APPLICATION

The Company considers all qualified applicants without regard to Race, Color, Religion, National Origin, Sex, Age, Disability, Disabled Veterans, or Veterans from the Vietnam Era.

The Company is required by the Internal Revenue Service to verify your social security card. If hired, you will be required to bring your original, valid social security card for us to copy and verify.

PLEASE READ CAREFULLY • PRINT CLEARLY • ANSWER ALL QUESTIONS

GENERAL INFORMATION	TODAY'S DATE: (MONTH/DAY/YEAR)	SOCIAL SECURITY #:
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LAST NAME FIRST NAME MIDDLE NAME

PRESENT ADDRESS: STREET ADDRESS CITY STATE ZIP PERIOD OF RESIDENCE

PREVIOUS ADDRESS: STREET ADDRESS CITY STATE ZIP PERIOD OF RESIDENCE

AREA CODE - PHONE: CHECK IF YOU ARE UNDER AGE 18 REFERRED BY:

POSITION APPLYING FOR: EARNINGS EXPECTED:

AVAILABLE TO WORK: FULL TIME PART TIME

PLEASE INDICATE HOURS YOU WILL BE AVAILABLE TO WORK EACH DAY: DAYS EVENINGS OTHER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
from _____ am/pm	from _____ am/pm	from _____ am/pm	from _____ am/pm	from _____ am/pm	from _____ am/pm	from _____ am/pm
to _____ am/pm	to _____ am/pm	to _____ am/pm	to _____ am/pm	to _____ am/pm	to _____ am/pm	to _____ am/pm

ARE YOU EITHER A UNITED STATES CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN EMPLOYED WITH THIS COMPANY BEFORE? YES NO

IF YES, WHAT DIVISION/LOCATION? DATES OF EMPLOYMENT/FROM: TO:

REASON FOR LEAVING:

HAVE YOU EVER BEEN CONVICTED, OR PLEAD GUILTY TO ANY CRIME IN THE PAST 10 YEARS? IF "YES", PLEASE EXPLAIN: YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (The fact that you have been convicted of a felony will not automatically disqualify you from employment.) Do Not answer YES if your "official" conviction record has been annulled, expunged, or sealed. EXPLAIN: YES NO

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? YES NO

BRANCH OF SERVICE: RANK WHEN DISCHARGED:

TYPES OF DUTIES PERFORMED: RESERVE STATUS:

EMPLOYMENT HISTORY

The following work experience section must be completed even if accompanied by a resumé. You may also include any verified work that was performed on a voluntary basis. List most current first.

PRESENT EMPLOYER				RATE OF PAY	
ADDRESS				STARTING: ENDING:	
CITY		STATE		ZIP	
YOUR POSITION AND SPECIAL DUTIES:				EMPLOYED	
				FROM: TO:	
MAY WE CONTACT THIS EMPLOYER?		SUPERVISOR'S NAME:	AREA CODE: NUMBER:	REASON FOR LEAVING:	
YES <input type="checkbox"/> NO <input type="checkbox"/>					
				PART TIME <input type="checkbox"/>	
				FULL TIME <input type="checkbox"/>	

LIST OTHER NAMES UNDER WHICH YOU HAVE WORKED (LAST/FIRST/MIDDLE):

PREVIOUS EMPLOYER				RATE OF PAY	
ADDRESS				STARTING: ENDING:	
CITY		STATE		ZIP	
YOUR POSITION AND SPECIAL DUTIES:				EMPLOYED	
				FROM: TO:	
MAY WE CONTACT THIS EMPLOYER?		SUPERVISOR'S NAME:	AREA CODE: NUMBER:	REASON FOR LEAVING:	
YES <input type="checkbox"/> NO <input type="checkbox"/>					
				PART TIME <input type="checkbox"/>	
				FULL TIME <input type="checkbox"/>	

LIST OTHER NAMES UNDER WHICH YOU HAVE WORKED (LAST/FIRST/MIDDLE):

PREVIOUS EMPLOYER				RATE OF PAY	
ADDRESS				STARTING: ENDING:	
CITY		STATE		ZIP	
YOUR POSITION AND SPECIAL DUTIES:				EMPLOYED	
				FROM: TO:	
MAY WE CONTACT THIS EMPLOYER?		SUPERVISOR'S NAME:	AREA CODE: NUMBER:	REASON FOR LEAVING:	
YES <input type="checkbox"/> NO <input type="checkbox"/>					
				PART TIME <input type="checkbox"/>	
				FULL TIME <input type="checkbox"/>	

LIST OTHER NAMES UNDER WHICH YOU HAVE WORKED (LAST/FIRST/MIDDLE):

PREVIOUS EMPLOYER				RATE OF PAY	
ADDRESS				STARTING: ENDING:	
CITY		STATE		ZIP	
YOUR POSITION AND SPECIAL DUTIES:				EMPLOYED	
				FROM: TO:	
MAY WE CONTACT THIS EMPLOYER?		SUPERVISOR'S NAME:	AREA CODE: NUMBER:	REASON FOR LEAVING:	
YES <input type="checkbox"/> NO <input type="checkbox"/>					
				PART TIME <input type="checkbox"/>	
				FULL TIME <input type="checkbox"/>	

LIST OTHER NAMES UNDER WHICH YOU HAVE WORKED (LAST/FIRST/MIDDLE):

AUTHORIZATION: PLEASE READ CAREFULLY

I hereby certify that my answers above are true and complete.

I believe that the following information will assist me in obtaining employment; my performance as an employee; my habits, conduct and credit history; and the information outlined above. Therefore, I specifically authorize any person, including but not limited to former employers, school officials, and persons named herein, to make full response to any inquiries in connection with my application.

In consideration for the Company's act of considering me for employment, I hereby release and hold harmless the Company and anyone who responds to the Company's inquiries, together with their officers, agents, employees, affiliated corporations, subsidiaries, successors, and assigns from any and all liability in any way of the investigation of my suitability for employment with the Company.

I understand that if I am employed by the Company:

- Any information withheld or falsely provided above and/or in connection with my application will subject me to termination.
- My employment will not be for any specific length or term.
- My employment and compensation can be terminated by me or the Company at any time, with or without notice, and with or without cause and for any reason or no reason. No present or future employee handbook, policy manual, or publication constitutes an employment agreement or contract.
- I understand that this application will be considered current for 90 days. A new application must be completed for further consideration after 90 days.

DRUG TESTING

- I have been informed, that if I accept employment I may be subject to post-employment drug testing in accordance with the Company's drug and alcohol policy.
- I hereby consent to the Company, and the laboratory selected by it, performing appropriate tests or examination on me for drugs.
- I give my permission to the laboratory to release the results of the tests or examinations to the Company. I understand that results indicating use of drugs by me, other than as prescribed by a physician, may result in my being denied employment, or my discharge if I accept employment with the Company.

SIGNATURE OF APPLICANT _____ DATE _____

MANAGER PLEASE NOTE: THIS APPLICATION MUST BE RETAINED FOR ONE (1) YEAR FROM DATE OF APPLICATION