

A Drug Free Workplace

An Equal Opportunity Employer

*We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability.
It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.*

Personal

Social Security No. _____ Date _____

Name _____
Last First Middle

Present address _____ Telephone # _____
No. Street City State Zip

Position applied for _____ Rate of pay expected \$_____ per hour

Would you work ___ Full-time ___ Part-time Specify days and hours if part-time _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here?
Please add any additional comments you think are important for us to consider. _____

Do you have a valid driver's license? _____ Driver's license number and state _____
Date of birth: _____

If hired can you furnish proof you are eligible to work in the United States? _____

Have you ever been convicted of a felony? _____

A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered.

If yes, please explain _____

Have you ever worked for any firm under a different name? _____ If yes, give name _____

Education Record

Name of School	Degree awarded	Grade average	Honors
High School			
College or University			
Post graduate training, including internships (include dates and degrees awarded)			
List continuing education courses attended in the past 18 months			

Work History (begin with the most recent, list all past employers, including any pertinent military experience)

Name of Company	Business address	Earnings at hire
Type of Business	Immediate Supervisor	At termination
Exact Job Title	Date Employed: From To	Reason for termination
Description of Duties	Business Phone Number	

Name of Company	Business address	Earnings at hire
Type of Business	Immediate Supervisor	At termination
Exact Job Title	Date Employed: From To	Reason for termination
Description of Duties	Business Phone Number	

Name of Company	Business address	Earnings at hire
Type of Business	Immediate Supervisor	At termination
Exact Job Title	Date Employed: From To	Reason for termination
Description of Duties	Business Phone Number	

Personal References (not former employers or relatives)

Name and occupation	Address	Phone Number

Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character, or qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from the final paycheck(s) all monies due and owing to the company.

Signature _____ Date _____