

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

APPLICATION FOR EMPLOYMENT

Instructions 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 on this application blank. PLEASE PRINT, except for signature on back of application.

Personal Data Job Applied For _____ Today's Date _____

Are you seeking: Full-time Part-time Seasonal employment?

When are you available for employment? _____

Will you work overtime if asked? _____

Are you available to work varying shifts? _____

Last Name	First Name	Middle Name	Telephone Number
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Present Street Address	City	State	Zip Code
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Are you over 18 years of age?Yes No

If you are under 18 years of age, what is your date of birth _____ (for jobs with minimum age requirements)
If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

Are you authorized to work in the United States?Yes No

Military Military Status: Active Duty Service From _____ to _____

Branch of Service _____

Service Duties _____

General Were you ever employed here?Yes No When? _____

Have you ever applied here before?Yes No When? _____

Have you ever been convicted of any crime (except a minor traffic violation)?Yes No

NOTE: Conviction of a crime does not automatically mean that you cannot be employed. What you were convicted of and how long ago are all important. If you have been convicted of a crime, give all facts concerning the conviction. Attach extra pages if necessary.

If yes, give particulars _____

For Driving Jobs Only: Do you have a valid drivers license?Yes No

Drivers License Number _____

Have you had your drivers license suspended or revoked in the last 3 years?Yes No

Education	Name and Location of School	Subjects Studied	Did You Graduate

Health Can you perform the essential functions of the job for which you are applying either with or without reasonable accommodation?
Yes No

Would you take a physical examination, if you were employed by this company or if you received an offer of employment from this company conditioned upon the results of a physical examination?Yes No

References

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Month & Year	Name and Address of Employer	Phone #	Title & Duties	Reason for Leaving
From: To:				
From: To:				
From: To:				

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable us to check your work record?Yes No

Have you missed any work during the past six months?Yes No

If yes, how much? _____

Are you now or do you expect to be engaged in any other business or employment?Yes No

If yes, please explain _____

Are you presently employed?Yes No

If yes, may we contact your present employer?Yes No

Special Skills

Do you have any skills you wish to mention? _____

If you are an experienced operator of any business machines or equipment, please list _____

If you are an experienced operator of any plant machines or equipment, please list _____

Do you type?Yes No Words Per Minute _____

Investigative Consumer Report

In making this application for employment, it is understood that an investigation may be made whereby information is obtained through personal interviews with neighbors, friends and others with whom you are acquainted.

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 and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information, thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. 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, 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 if I am employed, that all company property must be returned and any indebtedness owed to the company paid before my termination. I authorize the company to deduct from my final paycheck all monies due and owing to the company. I authorize the company to obtain a copy of my driving record.

Signature _____ Date _____