



**APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT**

Position Desired: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER  
APPLICANT'S STATEMENT**

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. No one other than the CEO or President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed, I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed, my employment will be for no definite period and "at will."

By signing below, I certify that all of the information that I provide on this Application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, department of motor vehicle reports, and investigative consumer reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PERSONAL DATA**

Name: \_\_\_\_\_  
Last First Middle

Social Security No.: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street and Number

How long have you lived there? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City State Zip

Telephone No.: \_\_\_\_\_  
Area Code Number

Street and Number

How long did you live there? \_\_\_\_\_

City State Zip

Are you eighteen years of age or older?  
 YES  NO

Have you ever worked for this company before?  
 YES  NO

Telephone No: \_\_\_\_\_  
Area Code Number

If YES, please give dates and position:  
\_\_\_\_\_  
\_\_\_\_\_

Referral Source: (Please check appropriate category and name the source.)

Employee: \_\_\_\_\_

Friend: \_\_\_\_\_  Walk-in

Do you have any friends or relatives working here?

If YES, Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have any criminal charges pending?  YES  NO

If YES, please give date and details of each: \_\_\_\_\_

NOTE: Answering "YES" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

## RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time, including military service and any period of unemployment. If self-employed, give firm name and supply business references.

<b>Present or Past Employer</b>  Address  City, State, Zip  Telephone: Area Code Number	Employed From (Month/Year)  Employed To (Month/Year)	Pay Start \$  Final \$	Your Title or Position  Name and Title of Last Supervisor	Reason for Leaving
<b>Previous Employer</b>  Address  City, State, Zip  Telephone: Area Code Number	Employed From (Month/Year)  Employed To (Month/Year)	Pay Start \$  Final \$	Your Title or Position  Name and Title of Last Supervisor	Reason for Leaving
<b>Previous Employer</b>  Address  City, State, Zip  Telephone: Area Code Number	Employed From (Month/Year)  Employed To (Month/Year)	Pay Start \$  Final \$	Your Title or Position  Name and Title of Last Supervisor	Reason for Leaving
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<b>Previous Employer</b>  Address  City, State, Zip  Telephone: Area Code Number	Employed From (Month/Year)  Employed To (Month/Year)	Pay Start \$  Final \$	Your Title or Position  Name and Title of Last Supervisor	Reason for Leaving

List all other employers you have had in the last ten (10) years: \_\_\_\_\_

\_\_\_\_\_

Have you ever been terminated or asked to resign from any position?  YES  NO If YES, please explain the circumstances:

\_\_\_\_\_

Please explain fully any gaps in your employment history: \_\_\_\_\_

\_\_\_\_\_



**PERSONAL REFERENCES**

Please list persons who know you well - not previous employers or relatives.

Name	Occupation	Address Street, City and State	Area Code and Telephone Number	Number of Years Known

**DRIVING INFORMATION**

Do you have a current driver's license?  YES  NO

State: \_\_\_\_\_ License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your driver's license ever been suspended or revoked?  YES  NO

If YES, please explain circumstances: \_\_\_\_\_

\_\_\_\_\_

Do you have personal automobile insurance?  YES  NO Name of Insurance Company: \_\_\_\_\_

Has your personal automobile insurance ever been cancelled?  YES  NO

If YES, please explain circumstances: \_\_\_\_\_

\_\_\_\_\_

Have you ever been **cited** for driving under the influence (DUI) or driving while intoxicated (DWI)?  YES  NO

If YES, please explain circumstances and outcome: \_\_\_\_\_

\_\_\_\_\_

Please list all moving traffic violations in the last five (5) years:

_____	_____	_____	_____	_____	_____
Offense	Date	Location	Offense	Date	Location

_____	_____	_____	_____	_____	_____
Offense	Date	Location	Offense	Date	Location

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, CITIZENSHIP, MARITAL STATUS, DISABILITY OR NATIONAL ORIGIN.