

Do Not Write In This Space
Interviewed By:
References Checked By:
Remarks:

**EQUAL OPPORTUNITY
EMPLOYER
APPLICATION
FOR EMPLOYMENT**

Do Not Write In This Space
Employed
Date_____
Dept._____
Position_____
Salary_____
I-9 Complete_____

**IN COMPLIANCE WITH THE IMMIGRATION REFORM AND
CONTROL ACT, WE HIRE ONLY U.S. CITIZENS AND
ALIENS LAWFULLY AUTHORIZED TO WORK IN THE U.S.**

DATE_____

NAME_____

(Last) (First) (Middle)

Social Security Number_____

ADDRESS_____

(Street & No.) (City) (State) (Zip)

Phone Number_____

DATE OF BIRTH*_____

(Month) (Day) (Year)

If you have no phone, how can we reach you?_____

*The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are forty years of age or older.

Driver's License #:_____

State of License: _____

POSITION DESIRED_____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB? YES _____ NO _____

If no, please identify the essential function(s) you are not able to perform, and describe any reasonable accommodation which would permit you to perform the essential function(s). _____

MILITARY SERVICE IN THE ARMED FORCES OF THE UNITED STATES

Branch of service_____

Dates served from_____ to_____ Rank at separation_____

Person to be notified in case of accident or emergency:

(Name)

(Address)

(City, State, Zip)

(Phone Number)

EDUCATION

Please furnish below a statement of your education and training.

Education	Name of School and Location	Number of Years Attended	Course Pursued	Date of Leaving	Did You Graduate?
High School					
Correspondence School					
Business School					
College or University					
Other					

In what activities did you participate while in school? _____

What foreign languages do you speak or understand? _____

SPECIAL SKILL AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

It is important that you truthfully answer the following questions on criminal and dishonest conduct. Criminal conduct includes both misdemeanors and felonies. Your answers are subject to investigation by the Company, and any inaccuracy will subject you to discharge. The disclosure of criminal or dishonest conduct will not necessarily result in your rejection for employment.

Have you ever been charged with a crime (other than a traffic violation but including driving under the influence of alcohol or drugs) that resulted in a conviction, probation, suspended imposition of sentencing or a guilty plea?

1. Have there ever been shortages or misunderstandings about merchandise or funds at a place of employment which involved you? _____
2. Have you ever participated in shoplifting? _____
3. Have you ever taken anything of any value from any of your prior employers without permission? _____
4. Have you ever known of a person who took something of value from one of your prior employers without permission and whose conduct you did not report to the employer? _____
5. Do you feel there is ever a time or condition that would justify the removal of any merchandise item without payment from the employers place of business? (Excludes tools needed to work away from the yard for business reasons). _____

If you answered yes to any of the above five questions, please explain your answer. _____

Give the names of three persons, not relatives or former employers, who have known you for at least two years.

Name	Current Occupation	Phone / Address

EMPLOYMENT RECORD

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach resume, but complete application as well.

Last or present Company		Type of business	Title or job classification
Street Address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title			
Starting Salary	Ending Salary	Dates worked From To	
Reason for leaving			
Last or present Company		Type of business	Title or job classification
Street Address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title			
Starting Salary	Ending Salary	Dates worked From To	
Reason for leaving			
Last or present Company		Type of business	Title or job classification
Street Address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title			
Starting Salary	Ending Salary	Dates worked From To	
Reason for leaving			

Please identify and explain any periods of unemployment during the past 5 years. _____

Have you ever been discharged from employment or asked to resign employment? _____
If so, explain in full: _____

May we communicate with your present employer? _____
How soon could you report for work? _____
What starting salary or wage do you expect? _____ per _____

APPLICANT CERTIFICATION

I understand and agree that if I become an employee, I will be required to transfer to other work locations. This is expected of all Company employees, as it is the only way people take on greater job responsibilities while the Company continues to grow. I understand my refusal to transfer will terminate my employment with the Company.

If I am employed and in consideration of that employment, I understand and agree that in the event that I resign, or quit such employment, or my employment ends by discharge or otherwise, that: (1) I will have no right to any vacation benefit. I understand that an employee must be on the payroll at the time the employee actually takes a vacation in order to be entitled to the vacation. (2) My coverage for hospital and accident benefits will terminate as of the last day of work except as I may elect to continue coverage as provided by law. (3) I will not be entitled to quarterly sales commissions. I understand that an employee has to be on the payroll on the date that quarterly commissions are computed in order to be entitled to such commissions.

I understand and agree that any employment I might be offered by the Company is "at will" employment, which means my employment will be for no definite period of time and may be terminated at any time and for any lawful reason. I further understand that no person other than an owner or corporate officer of the Company has the authority to enter into any legally enforceable contract or to make any legally enforceable promise to an employee and, to be enforceable, any contract, promise or other obligation must be in writing and signed by both the employee and an owner or corporate officer of the Company.

In exchange for the review and consideration of my application for employment, I agree that, upon request by the Company, I will take medical examinations or tests, which may include or constitute an alcohol or drug test, either prior to my employment or during my employment. The nature and timing of any examinations or tests will be solely the choice of the Company, unless otherwise limited by applicable law, and such examinations or tests will be a condition of employment. I agree to the disclosure and release of all examination and test results and other relevant information to Company management for review. I further agree that if I refuse to take such examinations or tests, or if the results of such examinations or tests are not satisfactory to the Company, I will be disqualified from employment or continued employment. There shall be no waiver of the requirement to submit to examinations or tests unless the waiver is in writing and signed by an owner or corporate officer of the Company. I further consent and agree that: (1) my person, property and automobile shall be subject to search while on Company premises; and (2) that my conversations on any telephone located on Company premises shall be subject to monitoring and recording by the Company. I further consent and agree to provide information and answer questions in response to any type of test or examination that the Company may utilize prior to employment or during employment. The Company believes these conditions of employment are necessary to protect the interests of all employees and customers. The Company is an equal opportunity employer and conducts itself in strict compliance with the law on all matters.

I certify that the information in this application is true and complete. I authorize my former employers, references and other persons or entities identified in this application to release any all information about me to the Company. I understand and agree that the Company may have an investigative consumer report made that will include information on my character, general reputation, personal characteristics and mode of living. I also understand that upon my written request, the Company will make a complete and accurate disclosure of the nature and scope of the investigation requested. I release the Company and all former employers, references, investigators and other persons and entities from liability from any damage that may result from furnishing information about me or from my rejection for employment. I understand and agree that any false or misleading information or any omission of information in this application will subject me to discharge from employment or rejection for employment.

Date

Applicant Signature