

EMPLOYMENT APPLICATION

GENERAL DATA

Last Name	First Name	Middle Name
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please specify for purposes of a reference check:		
Present Address	Number	Street
		City
		State
		Zip Code
Years at Above Address	Home Telephone Number	
	()	
Position Applying For	Date of Application	
Full Time or Part Time	Shift or Hours Preferred	
Social Security Number	Drivers License Number (if applicable)	Expiration Date

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative of your household? Yes No

PERSONAL DATA

Person to notify in case of an Emergency:	Name	Home Telephone Number
		()
Present Address	Number	Street
		City
		State
		Zip Code
How did you learn of this job opening?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other
List membership in professional organizations which you feel would enhance your application. You may exclude any whose names would indicate the race, religious creed, color, national origin, or ancestry of its members.		

If under 18 years of age, can you after employment, submit a work permit? N/A Yes No

Have you ever been convicted of a crime (felony or misdemeanor) OTHER THAN (1) a marijuana-related conviction that occurred more than two years ago; and (2) an offense for which you were referred to, and participated in, any pre-trial or post-trial diversion program? Yes No

If yes, please state the date of conviction, the county and state, and the nature of the offense.

NOTE: An affirmative response to this question will not result in your automatic disqualification for employment.

SKILLS

Typing Speed (wpm):	Shorthand (wpm):
Machines Operated:	
<hr/> <hr/>	
Other Training/Skills (include bilingual ability if relevant to the position for which you are applying):	
<hr/>	
Branch of Military Service:	State Dates: From To
State relative skills acquired during military service: <hr/>	

PROFESSIONAL & TECHNICAL APPLICANTS ONLY

Professional License Number:	Expiration Date:	Type of License:	State:
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Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position? Yes No

If "Yes," please explain:

EDUCATION

	HIGH SCHOOL	COLLEGE	TRADE, PROFESSIONAL SCHOOL OR OTHER
Name			
Address			
Number of Years			
Course or Major			
Diploma/Degree			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

WORK EXPERIENCE

Last/Present Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>	
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			
Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>	
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			
Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>	
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			

APPLICANT'S STATEMENT

I hereby certify that I have been informed of the duties, the hours and days of work of the position for which I am applying, and that the information on this application is correct and complete to the best of my knowledge.

I agree to have any of the statements checked by the Company unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application, if I receive a job offer may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all policies and procedures established by the employer.

I hereby acknowledge that my employment is "at-will," that I may resign at any time and the Company may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the President of the Company.

By: _____

Signature of Applicant

_____ Date

FOR COMPANY USE ONLY

Interviewed: [] Yes [] No

Remarks: _____

Employed: [] Yes [] No

Starting Date: _____

Job Title: _____

Salary: _____

Dept: _____

By: _____

Name and Title

_____ Date

(Revised 3-8-04)