

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, or any other classification protected by law. Applicants may request accommodations needed to participate in the application process.



P E R S O N A L	Last Name                      First Name                      Middle			Date
	Street Address			Home Phone
	City, State, & Zip			Day Time Phone
	Have You Ever Applied For Employment With Us Before, If So, When?			Are You 18 Years Of Age Or Older?
	Are You Legally Eligible For Employment In The United States?			When Will You Be Available To Start?
	Were You Referred To Us By Anyone? If So, Whom?			

E D U C A T I O N	Name and Location of School		Course of Study	Did You Graduate	Degree/ Diploma
	Graduate				
	High School				
	College				
	Technical				
	Other				

E M P L O Y M E N T           H I S T O R Y	List Below Your Three Most Recent Employers			
	Company Name		Phone Number	
	Address		Duration Of Employment: Start                                      End	
	Name of Supervisor		Reason For Leaving:	
	Work Performed		May We Contact This Employer?	
	Company Name		Phone Number	
	Address		Duration Of Employment: Start                                      End	
	Name of Supervisor		Reason For Leaving:	
	Work Performed		May We Contact This Employer?	
	Company Name		Phone Number	
	Address		Duration Of Employment: Start                                      End	
	Name of Supervisor		Reason For Leaving:	
Work Performed		May We Contact This Employer?		

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, or any other classification protected by law. Applicants may request accommodations needed to participate in the application process.



R E F E R E N C E S	List Below Three Persons Not Related To You, Whom You Have Known At Least One Year.				
		Name	Address	Phone	Years Known
	1				
	2				
3					

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigations or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and test, and I request that the examining doctor disclose to the Company the results of the examination. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the company to hire. If hired, I agree to abide by all Company work rules, policies, and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

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

\_\_\_\_\_  
Date