



APPLICATION FOR EMPLOYMENT

An equal opportunity employer

Thank you for completing this application. We appreciate your interest in our company. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, height, weight, marital or veteran status, physical or mental handicap or disability, or any other legally protected status.

Date _____

Last Name		First	Middle	Social Security #
Present Street Address				Home Telephone #
City	State	Zip	Work Telephone #	

POSITION(S) APPLIED FOR _____

Were you previously employed by us? YES _____ NO _____ If yes, when? _____

Are you legally eligible for employment in the U.S.A.? _____ State age if under 18 _____

Are you available for work: _____ Full time _____ Part time What hours of the day? _____

Will you work overtime if asked? _____ What is the rate of pay expected per hour \$ _____

Can you travel (if the job requires it)? _____ Yes _____ No

Do you have a valid driver's license (if the job requires it)? _____ CDL license? _____

Have you ever been convicted of a felony? _____ If yes, explain _____
(Conviction will not necessarily disqualify an applicant from employment.)

EDUCATION

Name & Location of School	Course of Study	No. of Yrs. Completed	Did you graduate?	Degree or diploma
---------------------------	-----------------	-----------------------	-------------------	-------------------

College/Trade School

High School

EMPLOYMENT EXPERIENCE

Please give your accurate full-time & part-time work record.

EMPLOYER (Present or most current)

NAME _____ FROM _____ TO _____
 ADDRESS _____ SALARY/WAGE _____
 CITY _____ STATE _____ ZIP _____ Reason for Leaving: _____
 LAST SUPERVISOR _____ PHONE _____
 YOUR TITLE _____ DESCRIBE THE WORK YOU DID: _____

What did you like BEST about this job: _____
 What did you like LEAST about this job: _____

EMPLOYER (Previous)

NAME _____ FROM _____ TO _____
 ADDRESS _____ SALARY/WAGE _____
 CITY _____ STATE _____ ZIP _____ Reason for Leaving: _____
 LAST SUPERVISOR _____ PHONE _____
 YOUR TITLE _____ DESCRIBE THE WORK YOU DID: _____

What did you like BEST about this job: _____
 What did you like LEAST about this job: _____

IF MORE THAN TWO PREVIOUS EMPLOYERS, LIST OTHERS HERE:

DATES		COMPANY & ADDRESS	POSITION	WAGE RATE	REASON LEFT
FROM	TO				

We may contact the employers listed above unless you indicate those you do not want us to contact:

DO NOT CONTACT: EMPLOYER _____ Reason _____

ARE THERE ANY OTHER SPECIAL TRAINING OR SKILLS YOU POSSESS WHICH WILL BE OF SPECIAL BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING? (Please list) _____

MILITARY SERVICE:

Did you serve in the U.S. Armed Forces? ____ Yes ____ No If Yes, in what Branch? _____

Describe any training received that you feel is relevant to the position for which you are applying: _____

TO BE COMPLETED BY DRIVER APPLICANTS:

(Prior to employment, driver applicants must submit to controlled substance testing and a valid drivers license is required - records will be verified).

DRIVER LICENSE	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
-------------------	-------	-------------	------	-----------------

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ If yes, give details on back.
Has any license, permit or privilege ever been suspended or revoked? _____ If yes, give details on back.

ACCIDENT RECORD FOR THE PAST 3 YEARS (ATTACH SHEET IF MORE SPACE NEEDED)

DATES	NATURE OF ACCIDENT(Head on, Rear-end, etc.)	INJURIES
-------	---	----------

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than Parking violations)

LOCATION	DATE	CHARGE	PENALTY
----------	------	--------	---------

ALL APPLICANTS - PLEASE READ & SIGN BELOW

I acknowledge that the information I have supplied is true and complete and understand that any false or misleading information given in my application or interview(s) may result in grounds for rejection of my application or dismissal from subsequent employment.

I understand that nothing in this application is intended to imply or create a contract for employment and that no company representative has the authority to make such an agreement. I further understand that, if hired, my employment is at will and can be terminated at any time, with or without notice, for any reason. I also understand that while personnel policies, programs and procedures may of necessity change from time to time, such at will status is not subject to change.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Date

Signature of Applicant