

EMPLOYMENT APPLICATION

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include providing body substance samples. This application will remain active for 30 days.

PERSONAL INFORMATION										
Name Last	First		Middle							
II Di		W 1 D								
Home Phone		Work Phone								
Please list below your current address and your two other most recent addresses:										
Current Street	City	State			Zip		Since (Mo/Yr)			
Street City	State			Zip	Zip Since (Mo/Yr)					
Street City		State		Zip	Since (Mo/Yr)					
EDUCATION										
High School Attended	City, County & State	City, County & State		1	Did you earn a Diploma?					
Undergraduate College Attended	City, State	Areas of Study		Degr	Degree/Certificate/Diploma					
Graduate School Attended	City, State	Areas of Study		Degr	Degree/Certificate/Diploma					
Trade, Business or Other School	City, State	Areas of Study		Degree/Certificate/Diploma						
Trade, Business of Other Benoof	City, blace	Areas of Study			Dograd Corumonia Dipionia					
EMPLOYMENT INFORMATION										
Position Applied For:		Date You Can		D	esired (Compen	sation:			
	Start Work:			\$						
Do You Prefer:	□ Part-Time	Can You Work: ☐ Weekends ☐ Evenings								
Please answer all of the following questions. When necessary, note question number and use an extra paper to provide explanations:										
1) Are you at least 18 years of age and legally eligible for work in the United States? YES NO										
2) Will you work overtime when necessar										
3) Have you received a description of the		f the essential fund	ctions of the job	you ar	re applyir	ng for:	□ YES □ NO			
4) Do you understand the job requirements? ☐ YES ☐ NO (If no, please explain)										
5) Are you on layoff and subject to recall?		□NO								
6) Are you currently bound by a noncompetition or trade secret agreement? (If yes, please explain) ☐ YES ☐ NO										
7) Have you ever been discharged or asked to resign from a job? (If yes, please explain)										
<u> </u>										
EMPLOYMENT HISTORY										
MAY WE CONTACT YOUR PRESENT										
			EMPLO				YES DNO			
Please list below your last three employ	ers beginning with the m	nost recent:	LIVII LO	ILIC.		<u> </u>				
Most Recent Employer		City	State		Zip Co	ode	Phone			
Position Held	D	ates From/To	Pay Rate Up	on Le	aving	Super	visor			
			\$	¯		F				
Duties	Reaso	on for Leaving								

Next Most Recent Employer	City		State	Zip Co	ode Phone						
Position Held Da	ntes From/To	Pay Rate Upon Leaving		eaving	Supervisor						
Duties Reason for Leaving											
Next Most Recent Employer	City		State	Zip Co	ode	Phone					
Position Held Da	ntes From/To	Pay \$	Rate Upon Le	eaving	Superv	visor					
Duties Reason	n for Leaving										
Next Most Recent Employer	City		State	Zip Co	ode	Phone					
Position Held Da	ntes From/To	Pay \$	Rate Upon Leaving		Supervisor						
Duties Reason for Leaving											
JOB-RELATED SKILLS											
Please answer the following questions if the position you are applying for requires driving a motor vehicle: 1. Do you have a valid driver's license? ☐ YES ☐ NO (If YES: State & Driver's License Number) Date of Issue:											
2. Have you been convicted of or pled guilty to any traffic-rel	ated offense with	in the p	past five years?	□ Y	ES [□ NO					
 Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? YES □ NO 											
4. Please list all states from which you hold or have held a driver's license:											
Please use this space to list any special skills you may have that relate to the position applied for:											
Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for. Include date granted, name of organization, and any other relevant information. 1.											
2.											
APPLICANT'S CERT	IFICATIO	N A	GREEMI	ENT							
1. I authorize the investigation by the company of all statements	contained in this	applic	cation and releas	se from all							
employers supplying such information, and I also release the company from all liability that might result from making the investigation. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.											
3. I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON, and that my at-will status can only be altered by an express written agreement signed by myself and an officer of the Company.											
 I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully. 											
Signature	Date										

