

APPLICATION FOR EMPLOYMENT

Drug Free Employer * Pre Employment Drug Testing* an Equal Opportunity Employer

Date: _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

Birth date _____ Social Security No _____ - _____ - _____

Phone No.: _____ Cell _____

Employment Desired

Position _____ Pay Rate _____ Date Available _____

Referred By _____

Are you willing to work out of Town if needed ___ Are you able to work Overtime/Saturdays?

Are you able to perform job requirements without any physical limitations? ___ Yes ___ No

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone _____

Address _____ Relationship _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ No ___ Yes

If yes, explain number of convictions(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes ___ No

Driver's License
Number _____ State of issue _____ Operator ___ Commercial (CDL)
Expiration date: _____

Have you had any accidents during the past three years How Many? _____
Have you had any moving violations during the past three years? How Many? _____

Explain:

Have you had any previous work related injuries? ___ yes ___ no

Explain:

High School Diploma Yes ___ No ___ Any areas of special study/college or trade school?

Please list two references other than relatives or previous employers.

Name _____
Position _____
Company _____
Address _____
Telephone () _____

Name _____
Position _____
Company _____
Address _____
Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

If you were self-employed, give firm name. Attach additional sheets if necessary

1.

Name of employer: _____	Name of last Supervisor: _____
Address: _____	Employment Dates: From _____ to _____
City, State, Zip Code _____	Pay Rate: _____
Phone Number: _____	Last Day Worked: _____
	Your last job title: _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company

2.

Name of employer: _____	Name of last Supervisor: _____
Address: _____	Employment Date: From _____ to _____
City, State, Zip Code _____	Pay Rate: _____
Phone Number: _____	Last Day Worked: _____
	Your last job title: _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company

3.

Name of employer: _____	Name of last Supervisor: _____
Address: _____	Employment Date: From _____ to _____
City, State, Zip Code _____	Pay Rate: _____
Phone Number: _____	Last Day Worked: _____
	Your last job title: _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company

To be completed by employer

Date of employment _____	Job Title _____	Dept. _____
Location _____	Pay Rate _____	
Applicant's signature acknowledging above information _____		
Drug test confirmation number _____		
Name of person authorizing employment _____		

Employers Questions:

Application Form Waiver

In exchange for the consideration of my job application by _____ (hereinafter called "the Company"). I agree that

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of the employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of _____, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and _____ may end the employment relationship at any time, without specified notice of reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant _____ Date: _____

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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.