



DATE OF APPLICATION _____
LOCATION # _____
POSITION _____
JOB CODE _____
EMPLOYEE NUMBER _____
PAY RATE _____
STATUS FT/PT/OS _____

TO BE COMPLETED BY HIRING MANAGER

APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

The Company is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, military status, or any other legally-recognized protected basis under federal, state or local laws, regulations or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done that will ensure an equal employment opportunity without imposing an undue hardship on the Company. Please inform the Company's Human Resources Department if you need assistance completing any forms or to otherwise participate in the application process.

GENERAL INFORMATION

Full Name _____	Date _____
FIRST MIDDLE LAST	
Address _____	
STREET CITY STATE ZIP CODE	
Phone Number (____) _____	Date available for work _____
Alternate Phone Number (____) _____	E-mail (optional) _____
Have you previously worked for the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when? _____ Where? _____	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, verification will be required consistent with federal law.)	
Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If under the age 18, please state your age: _____ (The primary reason for this question is to address any child labor laws.)	

POSITION INFORMATION

Position applied for? _____	Hourly range expected (required) _____
Applying for:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

Type of School	School Name and Location	Highest Grade Completed	Grade Point Average	Course of Study or Major
High School or G.E.D. equivalent		9 10 11 12/GED		
College or University		1 2 3 4		
Vocational or Trade School				
Graduate School				
Other (including military training)				

List any work-related certifications or licenses you currently possess:

BACKGROUND INFORMATION

Do you have any previous commitments that would require you to leave early or miss work?

Yes No If "Yes," please explain. _____

Have you ever been discharged, suspended or asked to resign from any position?

Yes No If "Yes," please explain. _____

Have you ever quit a job?

Yes No If "Yes," please explain. _____

PROFESSIONAL REFERENCES

List three professional references (other than those listed as current/former supervisor) whom we may contact:

Name _____	Telephone No. () _____
E-mail Address _____	Type of Acquaintance _____
Name _____	Telephone No. () _____
E-mail Address _____	Type of Acquaintance _____
Name _____	Telephone No. () _____
E-mail Address _____	Type of Acquaintance _____

EMPLOYMENT RECORD

List all employment experience for the past 10 years, starting with the most recent or present employer. Using a separate section for each position, describe in detail all work experience, including periods of unemployment. **You may include as part of your employment history any verified work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.**

Current Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____ Primary responsibilities _____ _____	Phone () _____ From _____ <div style="text-align: center;">Month Year</div> To _____ <div style="text-align: center;">Month Year</div> Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone () _____ From _____ <div style="text-align: center;">Month Year</div> To _____ <div style="text-align: center;">Month Year</div> Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone () _____ From _____ <div style="text-align: center;">Month Year</div> To _____ <div style="text-align: center;">Month Year</div> Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone () _____ From _____ <div style="text-align: center;">Month Year</div> To _____ <div style="text-align: center;">Month Year</div> Reason for Leaving _____ _____

Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ Month Year To _____ Month Year Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ Month Year To _____ Month Year Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ Month Year To _____ Month Year Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ Month Year To _____ Month Year Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ Month Year To _____ Month Year Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ Month Year To _____ Month Year Reason for Leaving _____ _____

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

_____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a drug test after receiving a conditional offer of employment, and must receive a negative result before being permitted to commence work with the Company.

_____ Initials

I hereby certify that the information given by me is true in all respects. I authorize the Company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

_____ Initials

I understand employment with the Company is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

_____ Initials

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the employer or me) without prior notice to the other, unless otherwise prohibited by law.

_____ Initials

I understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or his/her authorized representative.

_____ Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

_____ Initials

I understand an offer of employment is conditioned upon complying with all of the Company's requirements including, but not limited to, signing any requested consent for the Company to conduct an investigation or obtain a report about my background.

_____ Initials

MY SIGNATURE IS EVIDENCE I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature _____

Date _____

COMPANY USE ONLY

Interview #1 Signature _____

Date _____

Interview #2 Signature _____

Date _____