WE SUPPORT A DRUG FREE WORK PLACE

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Position App	olied For							
		PERSONA	L INFORMATION					
(PLEASE PRINT))							
Date:		Social	Security Number:					
Name:								
Last			First Middle					
Present Addr	ress:		City	State Zip Code				
Street			·	-				
Phone No. (_)	· · · · · · · · · · · · · · · · · · ·	Are you un	ider 18 years of age? O Yes O No				
Referred by:	O Advertiser	ment O Co. Employee	e O Agency O Other	r				
U.S. Citizen	? O Yes O	No						
If "No", can	you furnish p	roof that you are legally	permitted to work in th	e United States? O Yes O No				
Type of Emp	ployment Desi	ired? O Full Time O P	art Time O Temporary	From:/_ TO:/_				
Date Availab	ole for work?_		Have you ever been co	nvicted of a felony? O Yes O No				
Driver's Lice	ense Number	(if required by job)	State					
			ER EMPLOYERS					
List Your Em	ployers For The	Previous 5 Years, Starting	With The Most Recent					
From	То	Employer		Telephone				
Job Title		Address						
Immediate Supervisor and Title		Summarize the nature of wo	Summarize the nature of work performed and job responsibilities					
		·						
Reason for Leaving		Hour Rate/Salary						
From	То	Start \$per Employer	Final \$per	Telephone				
				() -				
Job Title		Address	Address					
Immediate Superv	risor and Title	Summarize the nature of wo	ork performed and job responsibilities	S				
Reason for Leavin	ng	Hour Rate/Salary						
From	То	Start \$per Employer	Final \$per	Telephone				
				() -				
Job Title		Address						
Immediate Supervisor and Title		Summarize the nature of wo	Summarize the nature of work performed and job responsibilities					
Reason for Leavir	ng	Hour Rate/Salary	Final \$per					
		Start \$per	Final \$per					

EDUCATION

		DUCATIO	-	· · · · · · · · · · · · · · · · · · ·						
Name an	Circle Last Year Completed	Did yo Gradua		ects Studied and gree(s) Received						
High School		1 2 3 4	O Ye							
Trade, Business or Correspondence School		1 2 3 4	O Ye							
College		1 2 3 4	O Ye							
What business machines can you operate? Type WPM:										
Calculator/Adding Mac	Cash I	Register:	Computer							
Special Skills or experience?										
What foreign languages do you speak fluently?										
		QUALIFIC	CATIO	NS						
List any special or qualifications that may qualify you for a position.										
REFERENCES										
List three references,	not related to you, who may be c									
Name	Address or Bu	usiness		Years Known	Telephone					
1.										
2.			* 44.							
3.										
I understand and agree that any consequential omissions or misrepresentations made by me on this application will be sufficient cause for cancellation of this application and/or termination by the Employer if I have been employed. I understand that any offer of employment will be at the will of the Employer and that the company reserves the right to terminate my employment at any time, with or without cause and without prior notice and that I am free to resign at any time with or without prior notice. I understand that no representative of the company has the authority to make any assurances to the contrary.										
I give the Employer the right to secure information from references, past employers and information from other sources if job related, and I release the Employer and its representatives for seeking such information and all others described above who may furnish such information.										
I further agree that I will abide by all the rules, regulations and policies of the Employer and that failure to do so may be cause for termination.										
I understand that any offer of employment will be conditioned upon satisfactory completion of a drug test and back screen.										
Signature of A	Applicant			Date	<u>/ /</u>					

Received For the Employer