

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

Date

Social Security Number

Name

Last

First

Middle

Present Address

Street

City

State

Zip

Permanent Address

Street

City

State

Zip

Phone #

Referred By

Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED

Position

Date You Can Start

Salary Desired

Are You Employed Now? Yes No

If So May We Inquire of Your Present Employer? Yes No

Ever Applied to this Organization Before? Yes No

Where?

When?

EDUCATION

Name and Location of School

Circle Last Year Completed

Did You Graduate?

Subjects Studied and Degree(s) Received

Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work

Job Related Skills (typing, driver's license, etc.)

Activities Other Than Religious (Civic, Athletic, etc.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS

(Continued on Other Side)

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES List below Three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted
1.			
2.			
3.			

If you are to be hired by the organization, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Organization.

I understand that any employment is conditioned on a background check. I authorize the Organization to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Organization, without giving me prior notice of such disclosure. In addition, I release the Organization, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Organization. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Organization unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Organization and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Organization the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Organization to hire. If hired, I agree to abide by all Organization work rules, policies and procedures. The Organization retains the right to revise its policies or procedures, in whole or in part, at any time.

Date _____ Signature _____