

APPLICATION FOR EMPLOYMENT

PERSONAL

(LAST NAME) (FIRST) (MIDDLE) (DATE)

(STREET) ADDRESS (HOME PHONE)

(CITY) (STATE) (ZIP CODE) (BUSINESS PHONE)

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? CIRCLE ONE. YES NO (SOCIAL SECURITY)

IF YES: MONTH YEAR LOCATION

(POSITION DESIRED) (PAY EXPECTED)

ARE YOU AVAILABE FOR FULL TIME WORK? CIRCLE ONE. YES NO

IF NOT, WHAT HOURS CAN YOU WORK?

WILL YOU WORK OVERTIME IF ASKED? CIRCLE ONE. YES NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? CIRCLE ONE. YES NO

WHEN WILL YOU BE AVAILABE TO BEGIN WORK?

OTHER SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, ETC).

EDUCATION

| SCHOOL | NAME AND LOCATION OF SCHOOL | # OF YEARS COMPLETED | DID YOU GRADUATE? | DEGREE OR DIPLOMA |
|--------|-----------------------------|----------------------|-------------------|-------------------|
|--------|-----------------------------|----------------------|-------------------|-------------------|

GRADUATE

COLLEGE

BUSINESS/TRADE
TECHNICAL

HIGH SCHOOL

ELEMENTARY

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

EXCLUDE THOSE WHICH MAY DISCLOSE YOUR RACE, COLOR, RELIGION OR NATIONAL ORIGIN

APPLICATION FOR EMPLOYMENT

EMPLOYMENT

LIST MOST RECENT JOB FIRST

COMPANY NAME

TELEPHONE#

ADDRESS

EMPLOYED – (STATE MONTH AND YEAR)

NAME OF SUPERVISOR

WEEKLY PAY: (START) (LAST)

STATE JOB, TITLE AND DESCRIBE YOUR WORK

REASON FOR LEAVING

COMPANY NAME

TELEPHONE#

ADDRESS

EMPLOYED – (STATE MONTH AND YEAR)

NAME OF SUPERVISOR

WEEKLY PAY: (START) (LAST)

STATE JOB, TITLE AND DESCRIBE YOUR WORK

REASON FOR LEAVING

COMPANY NAME

TELEPHONE#

ADDRESS

EMPLOYED – (STATE MONTH AND YEAR)

NAME OF SUPERVISOR

WEEKLY PAY: (START) (LAST)

STATE JOB, TITLE AND DESCRIBE YOUR WORK

REASON FOR LEAVING

COMPANY NAME

TELEPHONE#

ADDRESS

EMPLOYED – (STATE MONTH AND YEAR)

NAME OF SUPERVISOR

WEEKLY PAY: (START) (LAST)

STATE JOB, TITLE AND DESCRIBE YOUR WORK

REASON FOR LEAVING

APPLICATION FOR EMPLOYMENT

DID YOU SERVE IN THE U.S. ARMED FORCES? CIRCLE ONE. YES NO

IF "YES", IN WHAT BRANCH?

DESCRIBE ANY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLING.

THE INFORMATION REQUESTED IS NEEDED FOR A LEGALLY PERMISSIBLE REASON, INCLUDING, WITHOUT LIMATION NATIONAL SECURITY CONSIDERATIONS, A LEGITIMATE OCCUPATIONAL QUALIFICATION OR BUSINESS NECESSITY. THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. FEDERAL LAW ALSO PROHIBITS DISCRIMINATION BASED ON AGE, CITIZENSHIP AND DISABILITY. THE LAWS OF MOST STATES ALSO PROHIBITS SOME OR ALL OF THE ABOVE TYPES OF DISCRIMINATION AS WELL AS SOME ADDITIONAL TYPES SUCH AS DISCRIMINATION BASED UPON ANCESTRY, MARITAL STATUS AND SEXUAL PREFERENCE.

ARE YOU A U. S. CITIZEN? CIRCLE ONE. YES NO

WHAT WAS YOUR PREVIOUS ADDRESS?

(STREET ADDRESS)

HOW LONG AT PRESENT ADDRESS?

(CITY)

(STATE)

(ZIP CODE)

HOW LONG AT PREVIOUS ADDRESS?

HAVE YOU EVER BEEN BONDED? CIRCLE ONE. YES NO

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST TEM YEARS, EXCLUDING MISDEMEANORS AND SUMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPENGED OR SEALED BY A COURT. CIRLCE ONE. YES NO

IF "YES", DESCRIBE IN FULL.

STATE NAME OF RELATIVES AND FRIENDS WORKING FOR US, OTHER THAN YOUR SPOUSE.

SIGNATURE

THE INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT AND COMPLETE. IF YOU EMPLOY ME, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MY RESULT IN MY DISMISSAL.

I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT CREATES NO OBILIGATION UPON YOU, THE EMPLOYER, TO CONTINUE TO EMPLOY ME IN THE FUTURE.

SIGNATURE

DATE

APPLICATION FOR EMPLOYMENT

INFORMATION/DISCLOSURE RELEASE

THE PURPOSE OF THE AGREEMENT IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR EMPLOYMENT APPLICATION, AN OUTSIDE AGENCY WILL MAKE AN INVESTIGATIVE REPORT AND PRESENT IT TO US FOR REVIEW. THE REPORT MY INCLUDE A CRIMINAL BACKGROUND SEARCH, AND A DRIVING RECORD CHECK, AND A CREDIT REPORT. LIABILITY RESULTING FROM YOUR BACKGROUND INVESTIGATION.

APPLICANT/EMPLOYEE SIGNATURE

DATE

PLEASE TYPE OR PRINT ALL INFORMATION:

(LAST NAME)

(FIRST)

(MIDDLE)

(MAIDEN NAME)

(SOCIAL SECURITY #)

NOTE: INDICATE BELOW, WHERE YOU HAVE LIVED FOR THE PAST SEVEN YEARS

(STREET ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

YEARS

MONTHS

(STREET ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

YEARS

MONTHS

(STREET ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

YEARS

MONTHS

(STREET ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

YEARS

MONTHS