

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for the signature, on the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. If filling out electronically, use the 'TAB' key to move through the document.

GENERAL INFORMATION

Name (Last)	(First)	(M.I.)	Home Phone () -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Are you legally entitled to work in the U.S.? (If hired, you will be required to submit proof of eligibility.) <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Job Applied For Or Type Of Employment Desired	
Are you 21 years of age or older? (If hired, you may be required to submit proof of age.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally entitled to work in the U.S.? (If hired, you will be required to submit proof of eligibility.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when/for what position? _____	
Were you ever employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when/for what position? _____	
Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest" (Exclude minor traffic violations.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If employed, do you expect to be engaged at any additional business or employment outside our job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give details _____	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License # _____ License Class _____ State ____ Exp _____	
Have you ever had your driver's license suspended or revoked in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give details _____	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, list the highest grade completed _____				
College, Business School, Military (Most recent first)				
Name and Location	Credits Earned		Graduate	Major or Subject
	Quarterly or Semester Hours	Other (Specify)		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date
Languages Read, Written or Spoken Fluently Other Than English				

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 300 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer		Telephone Number () -	From (Month/Year)
Address			
Job Title		Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)			Hours Per Week
			Supervisor
		Reason For Leaving	
Employer		Telephone Number () -	From (Month/Year)
Address			
Job Title		Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)			Hours Per Week
			Supervisor
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Job Title		Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)			Hours Per Week
			Supervisor
		Reason For Leaving	

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal. I have never been convicted of a felony. I have not used marijuana or any illicit controlled substances in the last 36 months. I understand, I must pass the employment post offer background screening consisting of: medical/drug screening, job suitability, psychological evaluation and a polygraph.

Signature of Applicant _____ Date _____