

PLEASE READ CAREFULLY, WRITE CLEARLY, ANSWER ALL QUESTIONS

IT IS THIS COMPANY'S POLICY NOT TO DISCRIMINATE IN EMPLOYMENT BASED ON RACE, COLOR, SEX, RELIGION, AGE, MARITAL STATUS, NATIONAL ORIGIN, THE PRESENCE OF ANY SENSORY, MENTAL OR PHYSICAL DISABILITY, VETERAN'S STATUS OR ANY OTHER BASIS PROHIBITED BY APPLICABLE FEDERAL, STATE OR LOCAL LAWS.

NAME & LOCATION

LAST NAME FIRST NAME MIDDLE NAME

CURRENT ADDRESS CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER HOME PHONE CELL PHONE

EMPLOYMENT DESIRED

EMAIL ADDRESS

FIRST CHOICE YES / NO EXPERIENCE? SECOND CHOICE YES / NO EXPERIENCE?

HAVE YOU WORKED FOR OUR COMPANY BEFORE? (IF YES, STATE DATE ABOVE) WILL YOU ACCEPT PART TIME WORK? WILL YOU ACCEPT TEMPORARY (SEASONAL) WORK?

SHIFT OR HOURS YOU CAN WORK? IF A TENTATIVE OFFER OF EMPLOYMENT IS EXTENDED TO YOU, ARE YOU WILLING TO BE TESTED FOR DRUGS AT YOUR EXPENSE?

CITIZENSHIP

AFTER EMPLOYMENT, YOU MUST BE ABLE TO SUBMIT A BIRTH CERTIFICATE, VALID STATE DRIVER LICENSE, U.S. PASSPORT, SOCIAL SECURITY CARD, SCHOOL CARD WITH PHOTO, OR OTHER PROOF OF U.S. CITIZENSHIP IN COMPLIANCE WITH U.S. CITIZENSHIP AND IMMIGRATION SERVICES EMPLOYMENT ELIGIBILITY VERIFICATION FORM I-9.

U.S. MILITARY SERVICE

SERVICE BRANCH SPECIALTY RESERVE ORGANIZATION

PERSONAL

DO YOU HAVE ANY HOBBIES OR INTERESTS OR BELONG TO ANY CLUB, ORGANIZATION, SOCIETY OR PROFESSIONAL GROUP WHICH HAS A DIRECT BEARING ON YOUR QUALIFICATION FOR THE JOB, WHICH YOU ARE SEEKING?

YES / NO IF YES, PLEASE EXPLAIN

LIST COMPUTER PROGRAMS YOU KNOW:

LIST EQUIPMENT YOU CAN OPERATE AND/OR REPAIR:

EDUCATION

SCHOOL NAME YEARS ATTENDED DEGREE EARNED ADDRESS ACADEMIC MAJOR

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REFERENCES – GIVE NAME(S) OF PERSONS WE MAY CONTACT TO VERIFY YOUR QUALIFICATIONS FOR THE POSITION

NAME OCCUPATION ORGANIZATION PHONE #

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EXPERIENCE – GIVE A COMPLETE RECORD OF ALL EMPLOYMENT AND REASONS FOR PERIODS UNEMPLOYED DURING PAST TEN YEARS, STARTING WITH MOST RECENT EMPLOYMENT, GIVE U.S. EXPERIENCE ONLY. LIST LAST EMPLOYMENT FIRST

	From	To	Employer	Position	Supervisor	Phone
1.						
Address				Reason for Leaving:		
2.						
Address				Reason for Leaving:		
3.						
Address				Reason for Leaving:		
4.						
Address				Reason for Leaving:		
5.						
Address				Reason for Leaving:		

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? YES / NO

PROFESSIONAL LICENSES, REGISTRATION, AND/OR CERTIFICATIONS

TYPE STATE ISSUED NO. TYPE STATE ISSUED NO.
 AREA OF SPECIALIZATION OR MAJOR INTEREST:

AFFIDAVIT: I CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS & STATEMENTS ARE TRUE & CORRECT WITHOUT CONSEQUENTIAL OMISSIONS OF ANY KIND WHATSOEVER. I AGREE THAT THE COMPANY SHALL NOT BE LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS TERMINATED BECAUSE OF THE FALSITY OF STATEMENTS, ANSWERS OR OMISSIONS MADE BY ME IN THIS QUESTIONNAIRE. I AUTHORIZE THE COMPANY, SCHOOLS OR PERSONS NAMED ABOVE TO GIVE ANY INFORMATION REGARDING MY EMPLOYMENT TOGETHER WITH ANY OTHER INFORMATION THEY MAY HAVE REGARDING ME WHETHER OR NOT IT IS IN THEIR RECORDS. I HEREBY RELEASE SAID COMPANY, SCHOOLS OR PERSONS FROM ALL LIABILITY FOR ANY DAMAGE FOR ISSUING THIS INFORMATION. I HEREBY UNDERSTAND & ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME & THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONTRACT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. *(AFTER SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD (120 DAYS), EMPLOYEE WILL BE REIMBURSED FOR DRUG TESTING EXPENSE.)

SIGNED _____ DATE _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER – A COPY OF THIS APPLICATION IS AVAILABLE UPON REQUEST