

Application For Employment

We are an Equal Opportunity Employer. It is the Company's policy to make all employment decisions without regard to age, race, color, religion, national origin, sex, disability, veteran status, marital status or any other protected status in accordance with local, state or federal law.

Position Applied for		Date of Application
Name—Last, First & Middle Name		Phone No.
Address—Number & Street		Social Security No.
City	State	Zip Code
		Birth Date

U.S. Citizen? Yes No

Date available for work _____

Are you under 18 years of age? Yes No

If no, can you furnish a work permit? Yes No

If no, please explain _____

Education

	Name & Location	Number of Years completed	Did you graduate?	Subject(s) Studied and Degree(s) Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History

Date/Month/Year	Name, Address and Telephone # of Employer	Last Pay Rate	Position	Immediate Supervisor	Reason for Leaving
From / /					
To / /					
From / /					
To / /					
From / /					
To / /					

References

Name	Address	Business	Telephone	Years Known

List additional information you would like us to consider:

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Applicant Signature	Date
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