

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER We consider applicants for all positions without regard to race, color, creed, religion, national origin, ancestry, sex, sexual orientation, disability, age, marital status, pregnancy or childbirth, use of lawful products, arrest or conviction record, honesty testing, genetic testing or information, military service membership, status with regard to public assistance, local human rights commission activity, gender identity, height, weight or other basis prohibited by applicable local, state or federal fair employment laws. Applicants who, because of a disability, require accommodations in the application or interview process, are encouraged to make such needs known at the time of applying.

Date _____

Application For Employment

(Applications will be considered current for a period of 12 months.)

(PLEASE PRINT)

Name _____

LAST

FIRST

MIDDLE

Address _____

NUMBER

STREET

CITY

STATE

ZIP CODE

Telephone (_____) _____
Area Code

If employed and you are under 18
can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you currently a U.S. citizen or otherwise currently
Authorized to obtain lawful employment in this country? Yes No
(Proof of citizenship or immigration is required to be
furnished at the time of hire.)

On what day would you be available for work? _____

Type of employment desired: Fulltime Part-Time Temporary Seasonal

Are you on a lay-off subject to recall? Yes No

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Other than for purposes of religious observances or practices are there any days or times
that you would not be available for work? Yes No
If yes, please list the dates and /or times you would not be available:

If offered a position conditioned on the results of a medical examination and if required by the
employer, will you undergo a pre-employment physical? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No
(This company will consider your conviction record only as it may substantially relate to the position(s) for which you are
applying.)

If yes, please explain _____

GENERAL INFORMATION

What specific kind of work are you applying for?

List special qualifications you have.

What equipment are you qualified to operate?

REFERENCES

List name and telephone number of three (3) business/work references who are **not** related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

DRIVER'S LICENSE

TO BE COMPLETED FOR ALL POSITIONS INVOLVING THE OPERATION OF A MOTOR VEHICLE OR OFF-ROAD EQUIPMENT.

TYPE OF DRIVER'S LICENSE YOU HOLD <input type="checkbox"/> OPERATOR <input type="checkbox"/> COMM'L. OPERATOR TYPE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	ISSUED BY	EXPIRATION	DRIVER'S LICENSE NO.
	WHAT STATE	DATE	

Has your driver's license been revoked or suspended in the last 3 years? Yes No

If yes, explain _____

How many years have you been driving? Less than 1 year 2-3 years Over 3 years

Any restrictions on your license? Yes No

If yes, explain _____

Did you have any moving traffic violations or accidents in the last 3 years? Yes No

If yes, show details below.

MO./YR.	DESCRIPTION OF VIOLATIONS (not parking)	MO./YR.	DESCRIPTION OF ACCIDENTS

(Above may be verified by DMV check)

Employment Experience

Start with your present or last job. Explain any gaps in employment in Comments sections below.

Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
Supervisor				
Reason for Leaving				

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

Education

Education	Name and Location	Circle Last Year Completed	Did you Graduate?	Subjects Studied
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	
Please list any education or courses, which you feel qualify you for the position(s) for which you are applying. Include school(s) attended and degree(s), if any, obtained.				

Applicant's Statement

I certify that the information contained in my application is true and complete. I understand that false statements or material omissions on this application may result in rejection on my application, or if employed, may result in my dismissal. Furthermore, I understand that I am free to resign my employment at any time and the Company reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of the Company has the authority to make any assurances or representations to the contrary.

I authorize the company to investigate all references, to verify all information I have supplied and to secure such other information as may relate to my application for employment. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

The Company is an equal opportunity employer. The Company does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand that neither this document nor any offer of employment from the Company constitutes an employment contract, either expressed or implied.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remarks _____	
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Employment _____	INTERVIEWER _____
Job Title _____	Hourly Rate/ Salary _____	Department _____	By _____	
			NAME AND TITLE	DATE