

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer — M/F/V/D

EEO STATEMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability. All qualified applicants will be given equal opportunity and selection decisions are based on job-related factors.

INSTRUCTIONS

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT, EXCEPT FOR SIGNATURE ON BACK OF APPLICATION. All information you give on this application will be held in strict confidence.

PERSONAL DATA

Name _____ Social Security No. _____
 Last First Middle

Present address _____ Telephone No. _____
 No. Street

City _____ State _____ Zip _____
 Are you 18 years of age or older?
 Yes No

POSITION APPLIED FOR

Position(s) desired _____
 Other positions for which you are qualified _____ Salary Expected \$ _____

Are you seeking: Full-Time Part-Time Temporary Employment?

If your application is considered favorable, on what date will you be available for work? _____

Will you work any shift? Yes No If Yes, shift preferred _____
 If no, shift you will work _____

Do you have any obligations that would prevent you from:
 Working consistently Yes No Working overtime Yes No Traveling Yes No
 If yes to any of the above, please explain _____

Would you be willing to relocate? Yes No

Referred by: _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No
 Driver's License No. _____ State _____

GENERAL

Do you have a legal right to remain permanently in the U.S.? Yes No
 If no, VISA number _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No
 If yes, give details _____
(A "Yes" answer will not automatically disqualify you since the nature of the offense, date, and the job for which you are applying will be considered.)

Were you ever employed here? Yes No When? _____

Have you ever applied here before? Yes No When? _____

Are you now or do you expect to be engaged in any other business or employment? Yes No
 If yes, please explain _____

EDUCATION	Circle Highest Grade Completed	High School 1 2 3 4	College 1 2 3 4	Post-Graduate 1 2 3 4	Other 1 2 3 4		
		Name	Location	Did You Graduate	Degree	Major Studies	Average Grade
	High School						
	College						
	Other						
List special skills: Ability to operate machines, foreign languages, etc., that are related to the job for which you are applying.							
MILITARY	U.S. MILITARY SERVICE						
	Branch of service _____ Active Duty From: _____ To: _____						
	Rank at Discharge _____						
	Principal Duties and Special Training _____						
	Present affiliation with National Guard or Reserve Components? _____						
Selective Service Classification _____							
ORGANIZATIONS	MEMBERSHIP IN PROFESSIONAL, CIVIC OR HONORARY ORGANIZATIONS (Exclude those which may disclose your race, color, religion or national origin.)						
	Name of Organization	Location		Offices Held and Dates			
ADDITIONAL INFORMATION	Please list special skills (foreign languages, equipment proficiency computer hardware/software, etc.) that are related to the job for which you are applying:						

EMPLOYMENT RECORD

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Company Name _____ Address _____
 Dates of employment: From _____ To _____ Supervisor's name _____
 Job title _____ Describe major duties _____

 Final salary _____ Reason for leaving _____

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 Final salary _____ Reason for leaving _____

If you worked in any of the above positions or attended school under another name, please give name.

 Are you presently employed? Yes No
 If yes, may we contact your present employer? Yes No

Clerical Applicants Only: Check if you can operate					Words Per Minute
Adding Machine		TWX Equipment		Typewriter	_____
Blueprint Machine		Desk Top Publisher		Flex-O-Writer	_____
Calculator		Word Processor		Personal Computer	_____
Key Punch		Switchboard		Fax Equipment	_____
Transcribing Equipment		TELEX		Other	_____

PROFESSIONAL AND/OR CHARACTER REFERENCES

Do not list relatives or former employers

PERSONAL REFERENCES	Name	Address	Occupation	Years Known

INVESTIGATIVE CONSUMER REPORT

In making this application for employment, it is understood that an investigation may be made whereby information is obtained through personal interviews with your neighbors, friends and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and 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 falsity of statements, answers or omissions made by me in this application. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment for disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause, the employer's only obligation being to pay salary or wages due and owing at the time of the termination.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

COMPANY USE ONLY

Disposition _____ Date Employed _____ Starting Rate _____ per _____

Job Classification _____ Department _____

Interviewed by _____ Interviewer's remarks and recommendations _____

Application information checked by:

Name _____ Date _____

POST EMPLOYMENT DATA

INFORMATION in this section is required only after employment for personnel records

Date of Birth _____ Sex _____ Height _____ Weight _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Number of Dependents _____

Person to notify in case of emergency: _____ Phone _____

Name _____ Address _____

Name _____ Spouse's _____ Phone _____

Spouse (if any): _____ Employer _____ Phone _____

Name of _____

Personal Physician: _____ Phone _____

Name _____ Address _____