

APPLICATION FOR EMPLOYMENT

Date of Hire:

				Rate:		
			Dept: Approved:			
We are an equal opportuni	ty employer, dedicated to a policy of non-di					
employment on any basis	including race, color, age, sex, religion, han	ndicap or national o	origin.			
				Social Security		
PERSONAL IN	FORMATION Date:		 	Number		
Name:						
Last		First		Middle		
Present Address:						
T TOOCHE / NOTICOO.	Street		City	State	Zip	
Permanent Address:						
	Street		City	State	Zip	
Phone No.						
Referred By:			Are you 18 year	s of age or older?	Yes	No
recirca by.			Aic you to you	3 of age of older:	103	110
EMDI OVMENT	DESIDED					
EMPLOYMENT	DESIRED					
D '''		Date you can		0-1		
Position:		start	16	Salary Desired		Ī
Ana vary Employed Na	0			nay we inquire of	Vaa	No
Are you Employed No				esent Employer?	Yes	No
Ever Applied to this C	company Before?		Where?		When?	
			Circle Last Year	Subjects Studied and	d Dograpa(a)	Did you
EDUCATION	Name and Location of School		Completed	Received		Graduate?
Grammar School		Ī	•			Yes
					-	
						No
High School	High School		1234			Yes
g cerreer			. – .			No
						Yes
College			1234		-	
						No
Trade, Business or			1234			Yes
Correspondence School			. 2 0 .			No
		•		•		•
GENERAL						
Subjects of Special S	tudy or Research Work:					
Job Related Skills (tv	ping, driver's license, etc.)					
	3,					
Activities Other Than	Religious					
(Civic, Athletic, etc.)						
	NS. THE OR CHARACTER OF WHICH IN	DICATED THE DA	CE SEV COLOR	OD NATIONAL ODICIN	I OE ITS MEN	/DEDS

(Continued on Other Side)

FORMER EMPL	<u>LOYERS</u>	List below your last four emp	loyers, starting with the la	ast one first.		
Date Month and Year Name and Ad		dress of Employer	Salary (upon leaving)	Position	Reason for Leaving	
From To						
From To						
From						
To From						
То						
REFERENCES	List below thr	ee persons not related to you	, whom you have known a	at least one year.		
Name		Address		Position		Years Acquainted
						

If you are hired by the Company, you will be required to attest to your identity and employment eligibility, and to present documents confirming you identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and my be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date:	Signature:
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