

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Company: _____

Full Time / Part Time (Circle One)

Position Desired: _____ Today's Date: ____/____/____

Print Name: _____
 First Middle Last

Are you over 18 years of age? Yes / No (Circle One) Social Security Number: ____ - ____ - ____

Telephone Number: (_____) ____ - ____

Present Address: _____
 Street and Number City State Zip

How long have you lived there? _____
 Years Months

Previous Address: _____
 Street and Number City State Zip

How long did you lived there? _____
 Years Months

How would you get to and from work? _____

APPLICANT STATEMENT

I understand that if the Company hires me, my employment will be for no definite period, regardless of the period of payment of my wages. I also understand that I have the right to terminate my employment at any time with or without notice to the Company, and the Company has the same right to terminate my employment with or without notice to me. No one other than the president pf the Company has the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing and signed by the Company's president.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by applicable law. I authorize the Company to investigate my driving record, my criminal record, and my credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of this investigation. I grant the Company authority to contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with the Company to my future prospective employers and I agree to hold the company harmless for providing such information.

I certify that all of the information I provide on this application and in any interviews will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be immediately dismissed.

I HAVE READ AND UNDERSTAND THIS STATEMENT

Date: ____/____/____ Applicant's Signature: _____

Have you worked for this Company before? Yes / No (Circle One)

If yes, give dates, locations, and position. _____

Do you have any friends or relatives working here? Yes / No (Circle One)

If yes, Name: _____ Relationship: _____

Have you ever plead guilty or "No Contest" to a crime or been convicted of a crime? Yes / No (Circle One)

If yes, give date and details for each offense: _____

NOTE: Answering "Yes" to this question is not an automatic bar to employment. Only those crimes that are substantially related to the position you are seeking will be considered, so be truthful and complete.

RECORD OF PREVIOUS EMPLOYMENT

Identify your present and previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

<i>Employer: Present or Previous</i>	<i>Employment Dates:</i>	<i>Pay: Start Final</i>	<i>Title or Position</i>	<i>Reason for Leaving</i>
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_____ Company _____ Address _____ City, State, Zip _____ Telephone	From: (month/year) To: (month/year)	Start: \$ _____ Final: \$ _____ Per: (circle one) Hour Week Month Year	Your title or position: _____ Name and Title of Last Supervisor _____ _____	
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_____ Company _____ Address _____ City, State, Zip _____ Telephone	From: (month/year) To: (month/year)	Start: \$ _____ Final: \$ _____ Per: (circle one) Hour Week Month Year	Your title or position: _____ Name and Title of Last Supervisor _____ _____	
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May we contact your current employer? Yes / No (Circle One) If not, please explain:

Have you ever been terminated or asked to resign from any job? Yes / No (Circle One)
 If yes, please explain circumstances:

Explain fully any gaps in your employment history:

PREVIOUS EXPERIENCE

Please indicate any actual experience that you have that you feel is relevant to the position for which you are applying:

Education: School Name & Location	Years Completed: (Circle One)	Diploma/Degree	Course of Study Or Major	Specialized Training Skills & Extracurricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				
Other				

PERSONAL REFERENCES

List persons who know you well (other than relatives and previous employers):

Name	Occupation	Address	Telephone Number	Number of Years Known

DRIVING INFORMATION

Do you have a current driver's license? Yes / No (Circle One)

STATE: _____ LICENSE #: _____ EXP. DATE: ____/____/____

Has your driver's license ever been suspended or revoked? Yes / No (Circle One) If Yes, please explain:

Have you ever been cited in any state for driving under the influence (DUI) or driving while intoxicated (DWI)?

Yes / No (Circle One) If yes, please explain the circumstances and outcome: _____

List all moving traffic violations for the last five (5) years:

Offense	Date	Location	Offense	Date	Location

Do you have personal automobile liability insurance? Yes / No (Circle One)

Insurance Company: _____

Has your personal automobile liability insurance ever been canceled? Yes / No (Circle One)

If yes, please explain: _____

EMERGENCY INFORMATION:

In case of an accident or other emergency, whom should we contact?

Name: _____ Relationship: _____

Home Address: _____

Telephone Number: (_____) _____ - _____

Work Address: _____

Telephone Number: (_____) _____ - _____

Please give a complete list of the types of equipment you have operated:

What type of equipment are you most skilled with?

How much experience do you have operating this equipment?

ALTHOUGH THE COMPANY MAY KEEP THIS APPLICATION ON FILE INDEFINITELY, THIS APPLICATION WILL BE CONSIDERED CURRENT AND ACTIVE ONLY FOR THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I certify that all of the information that I have provided on this application is true and accurate.

Date: ____/____/____ Applicant's Signature: _____