



EMPLOYMENT APPLICATION

If yes, please identify the date(s) of employment or application.

Who referred you to this Company? Or, how did you hear about an open position?

Are you legally eligible for employment in the United States? (PROOF OF ELIGIBILITY WILL BE REQUIRED UPON EMPLOYMENT) YES____ NO____

What is the minimum annual salary you would accept? \$_____

Have you ever been convicted of, or pled guilty to, a crime other than minor traffic offenses? (CONVICTION OF A CRIME IS NOT AN ABSOLUTE BAR TO EMPLOYMENT; ALL RELEVANT CIRCUMSTANCES WILL BE CONSIDERED.) YES____ NO____

If yes, please state the nature of the offense, date and place of conviction, and sentence.

When are you available to start work?_____

Are there any restrictions or limitations on your ability to work overtime, irregular hours, travel, or weekends? YES____ NO____

If yes, please describe the restriction or limitation.

Do you currently take illegal drugs? YES____ NO____

EMPLOYMENT HISTORY

List your present job first, or most recent job if you are now unemployed and then all others in reverse chronological order.

LIST PAST THREE FORMER EMPLOYERS.

EMPLOYER #1

NAME

PHONE

ADDRESS

Your Last Rate of Pay: _____

Your Supervisor's Name: _____

Your Date of Hire: _____ Your Date of Termination: _____

Reason for Leaving: _____

EMPLOYER #2

NAME

PHONE

ADDRESS

Your Job Title: _____

Your Last Rate of Pay: _____

Your Supervisor's Name: _____

Your Date of Hire: _____ Your Date of Termination: _____

Reason for Leaving: _____

EMPLOYER #3

NAME

PHONE

ADDRESS

Your Job Title: _____

Your Last Rate of Pay: _____

Your Supervisor's Name: _____

Your Date of Hire: _____ Your Date of Termination: _____

Reason for Leaving: _____

Were you ever disciplined, warned or counseled about your job performance, attendance or any other work-related matter by any of your former employers? YES____ NO____

If yes, please explain the circumstances:

Have you ever been discharged from any job? YES____ NO____

If yes, please identify the employer, date of discharge and explain the circumstances.

Please account for all periods of unemployment or employment gaps (of four weeks or more since you left high school) by noting the dates of unemployment and what you were doing during that time. _____

EDUCATION

HIGH SCHOOL

NAME OF SCHOOL

CITY

STATE

Did you Graduate? YES _____ NO _____

COLLEGE/UNIVERSITY/TECHNICAL OR VOCATIONAL

NAME OF SCHOOL

CITY

STATE

Years Completed (CIRCLE): 1 2 3 4 Did you Graduate? YES _____ NO _____

Course of Study: _____

If you did not graduate, why did you leave? _____

Are you planning to pursue further studies? YES _____ NO _____

If yes, when, where and what courses? _____

Would you be a _____ full-time, or _____ part-time student?

Please describe below any additional continuing education, special training or unique qualifications which you possess which you believe may assist the Company in evaluating your application:

PLEASE READ CAREFULLY

I certify that the information which I have provided in this application is true and complete to the best of my knowledge and that I have withheld no information or other response that would, if disclosed, affect this application unfavorably. I understand that any misleading or incorrect statements or responses may render this application void and, if employed, may result in my immediate termination regardless of the point in time at which the misleading or incorrect statement or response was discovered.

I understand that the Company may conduct an investigation concerning my character, general reputation, mode of living, criminal records, employment history, job performance, and other qualifications, whether or not it is in their records. I hereby release the Company and any and all such individuals, employers, police and sheriff departments, municipalities and other governmental units, from any and all liability for any damage flowing from the disclosure of this information and the Company's action thereon.

I agree to submit myself, upon request by the Company, to a physical examination by a physician designated by the Company and to drug testing by a physician or laboratory designated by the Company. I understand and agree that any positive test result, or the refusal to submit to such testing, may result in the revocation of a conditional job offer or, if hired, immediate termination of employment. I acknowledge that the Company reserves the right to inspect all automobiles, packages, cases, clothing, desks, and work spaces or any other item brought on Company property, and I understand that cooperation with such inspections is a condition of continued employment.

I further acknowledge and understand that, if I am employed, the Company has the unilateral right, at any time and for any reason, to make changes in all employment policies, instructions and procedures with or without notice. I further understand and agree my employment is not for any specific term or period of time, and that the Company may take any action concerning my employment, including termination, with or without cause, with or without notice, and without further obligation to me, at the sole and absolute discretion and will of the Company.

(DATE OF APPLICATION)

(SIGNATURE)