

APPLICATION FOR EMPLOYMENT

Our Company Is An Equal Opportunity Employer
 Please Complete and Sign This Application Form Even If Accompanied By Your Resume

| PERSONAL INFORMATION | | | | |
|---|---|--|---|-------------------------|
| Date of Application | | Company | | |
| Full Legal Name | | First | Middle | Last |
| Minimum Salary Requirements | | <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year | | Date Available For Work |
| \$ _____ per | | | | |
| Current Street Address | | City | State | Zip Code |
| Mailing Address (If Different From Above) | | City | State | Zip Code |
| Telephone | Days and Hours Available | | Preference <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | |
| Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | If under 18, hire is subject to verification that you are of minimum legal age. | | If hired, can you present evidence of your U.S. Citizenship or proof of legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever filed an application or have been employed here before? <input type="checkbox"/> Yes* <input type="checkbox"/> No | | Do you have any friends or relatives working for our company? <input type="checkbox"/> Yes* <input type="checkbox"/> No *Relationship? | | |
| *If answer "Yes" to either of these questions, please give details of the circumstances: | | | | |
| | | | | |
| Have you ever been convicted of a criminal offense? (felony or serious misdemeanor) No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature, circumstances and the relevance of the offense to the position(s) applied for may, however, be considered. | | | If "Yes", please include the type of offense, the approximate date and disposition of the case. | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. May be subject to medical exam, skill and agility tests.) | | | | |
| If no, describe the functions that cannot be performed: | | | | |

| EDUCATION RECORD | | | | |
|-------------------------|-------------------|------------------------|---|-------------------|
| | Name and Location | No. of Years Completed | Did you graduate? | Degree or Diploma |
| High School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College or University | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Graduate School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Vocational/Business | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Additional Information: | | | | |

PAST EMPLOYMENT RECORD (Show Most Recent Employer First)

| | | | | | |
|--|------|----------------|-------------------|---|-----|
| Company Name | | Position Title | | Area Code/Telephone | |
| Address | | City | | State | Zip |
| Dates of Employment | From | To | Ending Salary/Per | | |
| Name of Immediate Supervisor | | Title | | May We Contact? | |
| | | | | <input type="checkbox"/> No <input type="checkbox"/> Future | |
| Describe your current duties and scope of your primary responsibilities. | | | | | |
| Reason(s) for Leaving | | | | | |

| | | | | | |
|--|------|----------------|-------------------|---|-----|
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| Name of Immediate Supervisor | | Title | | May We Contact? | |
| | | | | <input type="checkbox"/> No <input type="checkbox"/> Future | |
| Describe your current duties and scope of your primary responsibilities. | | | | | |
| Reason(s) for Leaving | | | | | |

| | | | | | |
|--|------|----------------|-------------------|---|-----|
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| Address | | City | | State | Zip |
| Dates of Employment | From | To | Ending Salary/Per | | |
| Name of Immediate Supervisor | | Title | | May We Contact? | |
| | | | | <input type="checkbox"/> No <input type="checkbox"/> Future | |
| Describe your current duties and scope of your primary responsibilities. | | | | | |
| Reason(s) for Leaving | | | | | |

| | | | | | |
|--|------|----------------|-------------------|---|-----|
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| Name of Immediate Supervisor | | Title | | May We Contact? | |
| | | | | <input type="checkbox"/> No <input type="checkbox"/> Future | |
| Describe your current duties and scope of your primary responsibilities. | | | | | |
| Reason(s) for Leaving | | | | | |

PLEASE READ CAREFULLY

Please Read Carefully, Initial Each Paragraph and Sign Below

(Initials) I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

(Initials) I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

(Initials) I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

(Initials) Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Signature of Applicant

Date