

APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

POSITION APPLIED FOR _____

DATE OF APPLICATION _____

PERSONAL

PLEASE PRINT USING BALLPOINT PEN

| | | | |
|---|--------|---------------------------|-------------------------------------|
| FULL NAME | FIRST | MIDDLE | LAST |
| PRESENT ADDRESS | STREET | CITY | STATE ZIP |
| PREVIOUS ADDRESS | STREET | CITY | STATE ZIP |
| PERMANENT ADDRESS IF DIFFERENT FROM ABOVE: | | | HOW LONG TELEPHONE # |
| IF NO PHONE, HOW MAY WE CONTACT YOU? | | | OTHER NAMES USED NOW OR IN THE PAST |
| HAVE YOU EVER WORKED FOR THE COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| IF YES, WHERE? | | APPROXIMATE DATE: MO./YR. | REASON FOR LEAVING: |
| HOW WERE YOU REFERRED TO THE COMPANY? | | | |

GENERAL INFORMATION

WHY DO YOU WANT THIS JOB AND HOW DOES IT FIT IN WITH YOUR FUTURE CAREER PLANS?

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB (S) YOU ARE APPLYING FOR WITH OR WITHOUT ACCOMMODATION? (PLEASE SEE JOB DESCRIPTION)

| | | |
|---|--------------------------|---|
| EXPECTED WAGE? | DATE AVAILABLE FOR WORK? | ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> OVER TIME |
| ARE YOU UNDER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO | | ARE YOU AVAILABLE TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OCCASIONAL |

PLEASE CHECK PREFERRED SCHEDULE:

A. I am available and desire to work FULL-TIME, and am available on the hours and days listed below. (Complete Section B.)
 I am available and desire PART-TIME work. (If less than 30 hours a week, please complete sections A & B.)
 I am only available for PART-TIME work because:
 Student Other Job Other (explain) _____

| | | | | | | | |
|------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| B. Hours Available: | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| "X" if no restrictions | | | | | | | |
| I am available to work from: | _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ |

EDUCATION

| EDUCATION TYPE OF SCHOOL | NAME AND ADDRESS OF SCHOOL | MAJOR SUBJECT | CIRCLE LAST YR. ATTENDED | GRADUATED | DEGREE |
|--------------------------|----------------------------|---------------|--------------------------|--|--------|
| High School | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Graduate School | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Business, Trade, Other | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

EMPLOYMENT HISTORY

ARE YOU EMPLOYED NOW? YES NO

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE IN REVERSE CHRONOLOGICAL ORDER (ATTACH ADDITIONAL SHEET IF NECESSARY).

| I EMPLOYER | FROM | | DESCRIBE YOUR POSITION AND DUTIES | STARTING SALARY | REASON FOR LEAVING | NAME AND TITLE OF IMMEDIATE SUPERVISOR |
|-----------------------------------|------------------|-----|-----------------------------------|-----------------|--------------------|--|
| | MO. | YR. | | | | |
| NAME OF COMPANY | | | | | | |
| ADDRESS | TO | | | ENDING SALARY | | |
| CITY, STATE (ZIP) | MO. | YR. | | | | |
| PHONE NO. | TYPE OF BUSINESS | | | | | |
| EXPLAIN ANY PERIODS BETWEEN JOBS: | | | | | | |

| II EMPLOYER | FROM | | DESCRIBE YOUR POSITION AND DUTIES | STARTING SALARY | REASON FOR LEAVING | NAME AND TITLE OF IMMEDIATE SUPERVISOR |
|-----------------------------------|------------------|-----|-----------------------------------|-----------------|--------------------|--|
| | MO. | YR. | | | | |
| NAME OF COMPANY | | | | | | |
| ADDRESS | TO | | | ENDING SALARY | | |
| CITY, STATE (ZIP) | MO. | YR. | | | | |
| PHONE NO. | TYPE OF BUSINESS | | | | | |
| EXPLAIN ANY PERIODS BETWEEN JOBS: | | | | | | |

| III EMPLOYER | FROM | | DESCRIBE YOUR POSITION AND DUTIES | STARTING SALARY | REASON FOR LEAVING | NAME AND TITLE OF IMMEDIATE SUPERVISOR |
|-----------------------------------|------------------|-----|-----------------------------------|-----------------|--------------------|--|
| | MO. | YR. | | | | |
| NAME OF COMPANY | | | | | | |
| ADDRESS | TO | | | ENDING SALARY | | |
| CITY, STATE (ZIP) | MO. | YR. | | | | |
| PHONE NO. | TYPE OF BUSINESS | | | | | |
| EXPLAIN ANY PERIODS BETWEEN JOBS: | | | | | | |

| IV EMPLOYER | FROM | | DESCRIBE YOUR POSITION AND DUTIES | STARTING SALARY | REASON FOR LEAVING | NAME AND TITLE OF IMMEDIATE SUPERVISOR |
|-----------------------------------|------------------|-----|-----------------------------------|-----------------|--------------------|--|
| | MO. | YR. | | | | |
| NAME OF COMPANY | | | | | | |
| ADDRESS | TO | | | ENDING SALARY | | |
| CITY, STATE (ZIP) | MO. | YR. | | | | |
| PHONE NO. | TYPE OF BUSINESS | | | | | |
| EXPLAIN ANY PERIODS BETWEEN JOBS: | | | | | | |

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR RESIGNED IN LIEU OF TERMINATION? NO YES

IF YES, PLEASE EXPLAIN: _____

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

Summarize special skills and qualifications, volunteer activities, relevant military experience, hobbies, employment or other activities related to the job you are seeking and which you would like to be considered in connection with your application for employment.

BUSINESS OR PERSONAL REFERENCES

LIST PERSONS WHO HAVE INFORMATION CONCERNING YOUR WORK HISTORY

| | | | |
|----------------|-------|----------------|----------------|
| NAME | | OCCUPATION | BUSINESS PHONE |
| ADDRESS | PHONE | TITLE | |
| CITY AND STATE | | HOW LONG KNOWN | |
| NAME | | OCCUPATION | BUSINESS PHONE |
| ADDRESS | PHONE | TITLE | |
| CITY AND STATE | | HOW LONG KNOWN | |

SUPPLEMENTAL INFORMATION

Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?

YES NO

EQUAL EMPLOYMENT OPPORTUNITY

The company is committed to equal employment opportunity in all of its employment practices. Decisions involving every aspect of the employment relationship are made without regard to an employee's race, color, creed, religion, sex, age, national origin, sexual orientation, genetic information, family medical history, protected activity, marital status, veteran status, workers' compensation, disability, or any other status or characteristic protected under applicable state or federal law, unless it is a bona fide occupational requirement necessary to the normal operation of the business.

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING. YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY YOU WILL BE EMPLOYED.

I certify that all answers and statements I have made on this application (and any other accompanying or required documents) are true and complete without omissions. I understand that any falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

YES NO

I agree to conform to all rules and regulations of the company as they presently exist or are later modified. ***I recognize that, if I am hired, my employment will be at will and may be terminated at the discretion of the company or at my option, without notice, at any time, for any lawful reason.***

YES NO

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between

or myself for employment for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment.

YES NO

I acknowledge that I have read, understand, and agree with the above. In addition, I hereby authorize any of the persons of organizations named in the application (or other accompanying or required documents) to give you complete information and records regarding my employment, education, character and qualifications. This application is valid for only sixty (60) days from the date signed. **If I want to be considered for job openings more than sixty (60) days from date signed, I will submit a new application.**

YES NO

DATE

SIGNATURE OF APPLICANT

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the following former employers:

Company Name: _____

Company Name: _____

Company Name: _____

to release information to _____ regarding my employment.
This release of information covers my employment record in general, including
information on the following questions:

1. Dates of employment;
2. Position held when started and left;
3. The quality of my work;
4. The quantity of my work;
5. My attendance habits (excluding workers' compensation, pregnancy, and other protected absences);
6. My relationship with co-workers and supervisors;
7. Reason for leaving;
8. Eligibility for rehire;
9. Strong points;
10. Weak points;
11. Whether I have had outbursts of temper, threatened, provoked fights with or assaulted others, engaged in hostile or violent behavior, or any traits that would present security or safety issues for others;
12. Other relevant information regarding my performance, skills, knowledge, suitability for employment sought, etc.

All former employers who provide such information are released from liability arising from such disclosures.

Print Name

Signature

Date