

COMPANY POLICY, FEDERAL AND STATE LAW PROHIBITS  
 DISCRIMINATION ON THE BASIS OF RACE, COLOR,  
 RELIGION, NATIONAL ORIGIN, SEX, AGE OR HANDICAP.

## APPLICATION FOR EMPLOYMENT

Please print clearly. Additional information such as resumes, copies of certificates or licenses may be attached.

DATE:

### PERSONAL DATA

NAME

FIRST

MI

LAST

ADDRESS

STREET

CITY

STATE

ZIP CODE

TELEPHONE #

US CITIZEN? ☐ YES ☐ NO

If not, do you have legal right to work in the U.S.?

☐ YES ☐ NO

ARE YOU 18 YEARS OF AGE OR OLDER? ☐ YES ☐ NO

POSITION  
APPLIED FOR:

WAGE  
EXPECTED:

|                |  |  |   |
|----------------|--|--|---|
| DATE AVAILABLE | SHIFT WORK   | SHIFT PREFERENCE   | Are you available for overtime work? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Transportation used to get to work  |

| EDUCATION        | NAME AND LOCATION OF SCHOOL | GRADUATED |    | DEGREE | COURSE OR MAJOR SUBJECT |
|------------------|-----------------------------|-----------|----|--------|-------------------------|
|                  |                             | YES       | NO |        |                         |
| GRAMMAR SCHOOL   |                             |           |    |        |                         |
|                  |                             |           |    |        |                         |
| HIGH SCHOOL      |                             |           |    |        |                         |
|                  |                             |           |    |        |                         |
| COLLEGE          |                             |           |    |        |                         |
|                  |                             |           |    |        |                         |
| OTHER            |                             |           |    |        |                         |
|                  |                             |           |    |        |                         |
| MILITARY SERVICE | BRANCH                      | RANK      |    |        |                         |

APPLICABLE MILITARY EXPERIENCE

### WORK EXPERIENCE

LIST LAST OR PRESENT EMPLOYER FIRST

|   | NAME AND ADDRESS | DATES EMPLOYED |          | JOB DUTIES | REASON FOR LEAVING |
|---|------------------|----------------|----------|------------|--------------------|
|   |                  | FROM MO/YR     | TO MO/YR |            |                    |
| 1 |                  |                |          |            |                    |
| 2 |                  |                |          |            |                    |
| 3 |                  |                |          |            |                    |
| 4 |                  |                |          |            |                    |

| GENERAL INFORMATION  |               | YES                      | NO                               |
|--|---------------|--------------------------|----------------------------------|
| 1. Have you previously applied for employment at this company?<br>If Yes, when? _____  |               | <input type="checkbox"/> | <input type="checkbox"/>         |
| 2. Are you a former employee of this company?<br>If Yes, date employed From: _____ To: _____ Location: _____   |               | <input type="checkbox"/> | <input type="checkbox"/>         |
| 3. If you worked under a different name, please indicate that name: _____  |               |                          |                                  |
| 4. Are any of your relatives employed by this company?<br>If Yes, please list names: _____   |               | <input type="checkbox"/> | <input type="checkbox"/>         |
| 5. Have you ever been convicted of a crime other than a traffic violation?<br>If Yes, give dates and nature of offense: _____  |               | <input type="checkbox"/> | <input type="checkbox"/>         |
| (Convictions will not necessarily disqualify applicant from employment)  |               |                          |                                  |
| 6. Please indicate any other information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, etc. (Exclude all information indicative of age, sex, race, religion, color, national origin, or handicap.)  |               |                          |                                  |
|  |               |                          |                                  |
|  |               |                          |                                  |
| <b>REFERENCES</b> List three persons we may contact who qualify to evaluate your capabilities (Do not include relatives).  |               |                          |                                  |
| <b>NAME</b>  | <b>STREET</b> | <b>CITY</b>              | <b>ST ZIP PHONE # OCCUPATION</b> |
|  |               |                          |                                  |
|  |               |                          |                                  |
|  |               |                          |                                  |
| <p>If employed, I agree to comply with the rules and regulations of the company. I certify that all answers or statements I have made on this application or accompanying resume or other supplementary materials are true and correct to the best of my knowledge and that I have not knowingly withheld any information that would affect my application unfavorably. I authorize this company to conduct any necessary and reasonable investigation with respect to my application and release this company, my former employers and references from any liability from damage caused by giving and receiving information as to my employment or character. It is understood that any false statement or misrepresentation on this application, resume or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment. The employment relationship with the company, or its affiliates is terminable without cause.</p> |               |                          |                                  |
| Signature of Applicant: _____  |               | Date: _____              |                                  |
| <b>EMPLOYMENT OFFICE USE ONLY</b>  |               |                          |                                  |
|  |               |                          |                                  |
|  |               |                          |                                  |
| <b>AN EQUAL OPPORTUNITY EMPLOYER</b>   |               |                          |                                  |
|  |               |                          |                                  |
| Revised 04/02/13   |               |                          |                                  |