

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

PROBATION: If this company employs you it will be on a 90-day probation basis. At the end of this probation period, you will be reviewed and your continued employment determined. It is mutually agreed that should either the company or you determine that your continued employment is not in the best interest of either party, it will not be necessary to give reasons. Some people just do not like our business and others for one reason or another do not progress. In either case at the time of your evaluation it will be perfectly acceptable for it to be determined that you will not continue employment with this company. It is agreed that there will be no hard feelings; no argument and no notice will be necessary.

Name _____ Date _____

Address _____ City _____

State _____ Zip _____

Home Phone _____ Office Phone _____ Cell _____

Email: _____ Social Security Number: _____

EMPLOYMENT DESIRED: Position: _____

Desired Salary: _____ Are you employed now? _____

If so may we inquire of your present employer? _____

Have you ever applied with this company before? _____ When? _____

On what date would you be available for work? _____

Would you sometimes be able to work over-time? _____ Weekends? _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? _____

Have you ever been convicted of a felony? Yes No If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? _____

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Foreign languages _____

EMPLOYMENT
(Most Recent First.)

1. Employer _____
2. Job Title _____ Dates Employed _____
3. Address _____ City _____ State _____
4. Zip _____ Phone _____ Supervisor _____

Reason for leaving this position: _____

1. Employer _____
2. Job Title _____ Dates Employed _____
3. Address _____ City _____ State _____
4. Zip _____ Phone _____ Supervisor _____

Reason for leaving this position: _____

1. Employer _____
2. Job Title _____ Dates Employed _____
3. Address _____ City _____ State _____
4. Zip _____ Phone _____ Supervisor _____

Reason for leaving this position: _____

REFERENCES:

NAME: _____

ADDRESS: _____

PHONE: _____

How long have you known this person? _____

Relationship? _____

NAME: _____

ADDRESS: _____

PHONE: _____

How long have you known this person? _____

Relationship? _____

NAME: _____

ADDRESS: _____

PHONE: _____

How long have you known this person? _____

Relationship? _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

INVESTIGATION: 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 my former employers to disclose to this company, any and all of my employment records, without giving me notice of such disclosure. In addition, I hereby release this company, my former employers, their respective directors, officers, employees and agents, and all other persons from any and all claims, demands and liabilities arising out of, or in any way related to, such an investigation or disclosure. I further authorize this company to investigate criminal records as little or as much as is necessary to determine my suitability for employment. I hereby release this company, it's officers, it's employees, agents, and all other persons from any and all claims, demands and liabilities arising out of, or in any way related to, such an investigation or disclosure.

ADDITIONALLY: If hired by this company I understand that by the very nature of the business, sometimes a polygraph testing procedure or a drug screening process could become necessary. Should the company, it's owners or managers deem such investigation necessary I will submit to such without any sort of ill will at all.

Signature of Applicant

Date