

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ Yes ___ No
 ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___ Yes ___ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the past five years beginning with your most recent job held.
 If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone Number	Name of last supervisor	Employment dates From To	Pay or Salary Start Final
Your last job title			

Reason for leaving (Be Specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

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DO YOU HAVE A DRIVERS LICENSE? ___Yes ___No

What is your means of transportation to work. _____

Drivers license

number _____ State of issue _____ Operator Commercial(CDL) Chauffeur

Expiration date _____

Have you had any accidents in the past three years?

How many? _____

Have you had any moving violations in the past three years?

How many? _____

Office Only

Typing ___Yes ___No ___WPM 10-key ___Yes ___No Word Processing ___Yes ___No ___WPM

Personal Computer ___Yes ___No PC ___ Mac ___ Other Skills _____

Please list two references other than relatives or previous employers.

Name _____
Position _____
Company _____
Address _____
Telephone () _____

Name _____
Position _____
Company _____
Address _____
Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying

Large empty rectangular box for providing additional information.

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by _____(hereinafter called "the Company"), I agree that :

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of _____, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/ General Manager of the Company. Both the undersigned and _____ may end the employment relationship at any time, without specified notice or reason. If employed I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), References, and others and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application for and for your interest in our business.