

EDUCATION

	Name and Location of School	Degree/Certificate	Subjects Studied	Grade Average
High School:				
College:				
Trade, Business or Correspondence School:				
Other (including graduate school):				

NOTE: A "yes" answer to the next 3 questions will not necessarily preclude employment. We will consider the nature and severity of the offense, the time since the offense, and the nature of the position sought.

Have you ever been convicted of, or pled guilty, no contest or *nolo contendere* to a crime? Yes No

If yes, give details (date, place, offense(s), disposition): _____

Have you ever been charged with a crime and either been placed on a court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program? Yes No

If yes, give details (date, place, offense(s), disposition): _____

Have you ever been a defendant in a civil action for intentional tort(s) (e.g. assault, battery, intentional infliction of emotional distress), or an unlawful employment practice (e.g. sexual or racial harassment) Yes No

If yes, give details (date, place, disposition): _____

PREVIOUS EMPLOYMENT

Please list the names of your present and all previous employers in chronological order with present or last employment first. Be sure to account for all periods of time including military service and any period of unemployment. Use additional pages if required. If self-employed, give firm name and supply business references. **All information must be completed.**

Name of Present or Last Employer:	<u>Current Salary:</u>
Address:	Phone No.: ()
Your Job Title:	Supervisor's Name:
FROM: / / TO: / / HOURS PER WEEK:	
<small>Month Day Year</small>	<small>Month Day Year</small>
Duties and Responsibilities:	
Reason for Leaving:	
Name of Next Previous Employer:	<u>Salary:</u>
Address:	Phone No.: ()
Your Job Title:	Supervisor's Name:
FROM: / / TO: / / HOURS PER WEEK:	
<small>Month Day Year</small>	<small>Month Day Year</small>
Duties and Responsibilities:	
Reason for Leaving:	

Name of Next Previous Employer:	<u>Salary:</u>
Address:	Phone No.: ()
Your Job Title:	Supervisor's Name:
FROM: / / TO: / / HOURS PER WEEK:	
<small>Month Day Year</small>	<small>Month Day Year</small>
Duties and Responsibilities:	
Reason for Leaving:	
Name of Next Previous Employer:	<u>Salary:</u>
Address:	Phone No.: ()
Your Job Title:	Supervisor's Name:
FROM: / / TO: / / HOURS PER WEEK:	
<small>Month Day Year</small>	<small>Month Day Year</small>
Duties and Responsibilities:	
Reason for Leaving:	

Did you work for any of these employers under a different name: Yes No

If yes, which employer(s) and under what name(s)?

GAPS OF EMPLOYMENT

Please account for any period longer than 30 days of unemployment other than those when you were attending school.

<u>FROM</u>		<u>TO</u>		<u>EXPLANATION</u>	<u>NAME AND ADDRESS OF PERSON WHO CAN BE CONTACTED</u>
<u>MO.</u>	<u>YR.</u>	<u>MO.</u>	<u>YR.</u>		

Did you receive any written disciplinary actions during any previous employment? Yes No

If yes, please explain: _____

Have you ever been discharged or asked to resign? Yes No

If yes, please explain (include by whom, when and for what): _____

Have you ever failed or refused a drug or alcohol test? Yes No

If yes, please explain (include when, where and what action was taken): _____

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Contact Information	Business	Years Acquainted

EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the Company to investigate all statements contained in this application and to interview the references and previous employers listed in this application. I authorize the references and previous employers listed to give the Company all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Company, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer may be conditioned upon satisfactory results of a background investigation and/or Company medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day probationary period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the Company or myself. I understand that no supervisor or other representative of the Company other than the President of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the Company to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

Finally, in the event of employment, I agree to comply with all other Company policies, procedures, rules and regulations made known to me at the time of employment or any other times, and to perform all duties assigned to me to the best of my ability.

I certify that I have read, understand
and agree with the above.

Date

Signature of Applicant