VAPPLICATION FOR EMPLOYMENT

PERSONAL IN	FORMATION Date	Socia	Security Number		
Name	Last First	····	Middle	· · · · · · · · · · · · · · · · · · ·	
Present Address					
Permanent Address	Street	City		State	Zip
remailent Address	Street	City		State	Zip
Phone No.				<u> </u>	
Referred By		Are you 18 y	ears of age or	older? □ Yes	□ No
EMPLOYMENT	DESIRED				
Position		Date You Can Start		Salary Desired	
re You Employed Now?	ŢYes □ No	If So May We Inquire of Your Present Employer?			
ver Applied to this Compa	ny Before? ☐ Yes ☐ No	Where?		When?	
DUCATION	Name and Location of School		Circle Last Year Completed	Did You Graduate?	Subjects Studied a Degree(s) Receive
Grammar School				□ Yes □ No	
High School		-	1 2 3 4	☐ Yes ☐ No	
College			1 2 3 4	□ Yes □ No	·
Trade, Business or Correspondence School			1 2 3 4	□ Yes □ No	
ENERAL					
bjects of Special Study or	Research Work				<u> </u>
b Related Skills (typing, dr	iver's license, etc.)				
<u></u>					
tivities Other Than Religiou	ıs				

		i	
То			:
From			
То			
From			
То			
REFERENCES List below three pers	ons not related to you, whom you have known	at least one year.	
Name	Address	Position	Years Acquainted
1			,
2			
3			
EMPLOYMENT OR ANY EMPLOYEE TO SU CONDITION OF EMPLOYMENT OR CONTI MISDEMEANOR AND SUBJECT TO A FINE	R MAY NOT REQUIRE OR DEMAND ANY AP JBMIT TO OR TAKE A POLYGRAPH, LIE DE NUED EMPLOYMENT, ANY EMPLOYER WH E NOT TO EXCEED \$100." administer a lie detector test as a condition of	TECTOR OR SIMILAR TEST O VIOLATES THIS PROVISION	OR EXAMINATION AS A ON IS GUILTY OF A
violates this law shall be subject to criminal p		omproyment or continued emp	or a supply of the control of the co
If you are to be hired by the company, you confirming your identity and employment	a will be required to attest to your identity a eligibility. You cannot be hired if you cann	and employment eligibility, of comply with these requir	and to present documents ements.
AUTHORIZATION			
I certify that the facts contained in this applica that any false statement, omission, or misrepr matter when discovered by the Company.	ation (and accompanying resume, if any) are tresentation on this application is sufficient caus	ue and complete to the best o se for refusal to hire, or dismiss	f my knowledge. I understand al if I have been employed, no
my application or resume, and I authorize my general reputation to the Company, without g	ned on a background check. I authorize the C former employers and references to disclose in iving me prior notice of such disclosure. In address, demands or liabilities arising out of or related	information regarding my form dition, I release the Company,	er employment, character and any former employers and all
contract. I further understand and agree t at any time, with or without cause and wit	ained in this application, or conveyed durin hat if I am hired, my employment will be "a hout prior notice, at the option of either my that no such promise or guarantee is bindi	at will" and without fixed te /self or the Company. No pro	rm, and may be terminated omises regarding employme
If I am offered employment I agree to submit examination or drug lest at any time deemed	to a medical examination and drug test before appropriate by the Company and as permitted the Company the results of the examination, w	d by law. I consent to such exa which results shall remain confi	minations and tests, and I
request that the examining doctor disclose to personnel file. I understand that my employments	ent or continued employment, to the extent pe a condition of my employment will be that I ab	rmitted by law, is contingent up side by the Company's Drug a	pon satisfactory medical
request that the examining doctor disclose to personnel file. I understand that my employmexaminations and drug test, and if I am hired I understand that filling out this form does not	ent or continued employment, to the extent pe	ide by the Company's Drug at t obligate the Company to hire	pon satisfactory medical nd Alcohol Policy. . If hired, I agree to abide by

Salary (upon leaving)

Position

Reason for Leaving

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Name and Address of Employer

Date Month and Year

From To