EMPLOYMENT APPLICATION

IMPORTANT: Please complete this application in its entirety. Answer all questions thoroughly. An incomplete application may prevent you from being considered or hired. This application must be signed and dated.

This company is an equal opportunity employer. We do not discriminate against any applicant or employee because of disability, race, color, religion, sex, age, citizenship or national origin.

	PERSO	NAL					
Last Name First	Middle		Today's Date	Today's Date			
Current Address (Street, City, State, Zip Code)	How long at t	How long at this address?					
Previous Address (Street, City, State, Zip Code)			How long at the	his address?			
Are you legally eligible for employment in the Uni	ted States? ()	Yes () No	Telephone Nur	mber			
Are you 18 years of age or older?	re you 18 years of age or older? () Yes () No Social Security Number						
Have you ever been employed by this company bet If yes, indicate date and location		Yes () No					
Relatives employed with us? Please list name, local		p:					
	EDUCA						
Name and Location	Years Completed	Did you Graduate?	Diploma, Degree or Certification	Course of Study			
High School		() Yes () No					
College		() Yes () No					
Business Trade/Technical		() Yes () No					
Other		() Yes () No					
	POSIT	ION					
Specific Position Desired		() Full Time ()	Part Time			
Summarize any training and list any qualifications for	or the position for w	hich you are applyi	ng				
·							
Other special skills you have							
Are you willing to relocate? () Yes () No	Can you travel if	a job requires it?	() Yes () No				
Salary desired	Date available t	o start work					
Please indicate hours you will be available to work	each day:						
Sunday Monday T	uesday Wednes	day Thursday	Friday Saturday	•			
From	-	- ——		,			
То	<u> </u>	<u> </u>					

EMPLOYMENT HISTORY

(List most recent employer first)

	Dates Employed:	From	То
	Starting Salary	Present	or Ending Salary
Supervisor			
-			
	Dates Employed:	From	To
	Starting Salary	Present or Ending Salary	
Cunarticar			
Supervisor			•
,	Dates Employed:	From	То
	Starting Salary	Present	or Ending Salary
			<u> </u>
Supervisor			
ang ga taong ang panggang ang pa	Dates Employed:	From	То
	manufact, date		
	Starting Salary	Present	or Ending Salary
Supervisor		•	
	MA		
	Supervisor Supervisor Supervisor	Starting Salary Supervisor Dates Employed: Starting Salary Supervisor Dates Employed: Starting Salary Supervisor Starting Salary Supervisor Starting Salary Supervisor	Starting Salary Present Supervisor Dates From Employed: Starting Salary Present Supervisor Dates From Employed: Starting Salary Present Supervisor Starting Salary Present Supervisor Starting Salary Present Supervisor Dates From Employed: Starting Salary Present Supervisor

UNEMPLOYMENT HISTORY

Please list dates and explain any/all periods of time you were not employed

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	MILITARY SERVICE			
Did you serve in the United States Armed If yes, in what branch?		Rank at dischar	ge	
Describe any job related training received	in the service:			**
Give the name, address, and telephone nu for several years.	REFERENCES umber of three individuals (other than 1	relatives or pas	t employers) whom	you have kno
Name	Address		Telephone Number	Years Know
		()	,
		()	,
)	
				<u> </u>
Have you ever been convicted of a crime?	? () Yes () No If yes, please ex	plain:		
,				
PLEAS	SE READ CAREFULLY BEFOR	RE SIGNIN	G	
	ained in this application are true and c this application is grounds for refusal			
individuals to give the company a and hold harmless former employ als from any liability or claim rel	r employers, educational institutions, any and all information and opinions a yers, educational institutions, reference lating to such release of information oncies to release to the Company any reas.	bout me in the es, government or opinions. I	rir possession. I her tal agencies or othe authorize and reque	reby release er individu- est federal,
 I understand that any offer of emp and/or completing a medical ques 	ployment may be contingent upon my stionnaire.	passing a pos	t-offer medical exa	mination
	y rules, regulations and policies, and a d or supplemented at any time without			llations and
under the influence or impairmen	ssion of illegal drugs, abuse of prescript of alcohol or drugs is prohibited. I a my employment at the request of the dismissal if employed.	m willing to s	ubmit to substance	abuse or
• I understand I will be required to	furnish proof of identity and legal wo	rk authorizatio	on prior to hire.	
employment relationship at any	vill be an employee "at will" and either time and for any reason, with or with the Company unless agreed to in write te.	out notice. I a	lso understand that	no written
• THIS APPLICATION WILL R	EMAIN ACTIVE FOR SIXTY (60)	DAYS.		
r				

Date _

Applicant Signature