

APPLICATION FOR EMPLOYMENT

18-K-31 REV. 4*98

PERSONAL				DATE: (DAY, MONTH, YEAR)	SOCIAL SECURITY NO.	
	NAME FIRST	MIDDLE	LAST	TELEPHONE NO.	ALTERNATE TELEPHONE NO.	
	PRESENT ADDRESS			CITY	STATE	ZIP CODE
	PREVIOUS ADDRESS			CITY	STATE	HOW LONG LIVED THERE?
	PREVIOUS ADDRESS			CITY	STATE	
	HOW DID YOU BECOME INTERESTED IN EMPLOYMENT HERE?				HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE COMPANY? IF YES, PLEASE SHOW IN EMPLOYMENT RECORD <input type="checkbox"/> Yes <input type="checkbox"/> No	
	ARE YOU A U.S. CITIZEN OR AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No		TYPE OF EMPLOYMENT DESIRED? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporar	
					PREFERRED HOURS	

BE SURE YOUR EMPLOYMENT RECORD ACCOUNTS FOR ALL TIME SINCE LEAVING SCHOOL

Please include any U.S. military service in this record, including the Vietnam era. If you have ever been employed under another name ... please write (in the margin) the name under which you were employed by each of the following:

EMPLOYMENT RECORD	GIVE COMPANY NAME OF LAST OR PRESENT EMPLOYER		ADDRESS		CITY	STATE
	DATE STARTED (MONTH & YEAR)	DATE LEFT (MONTH & YEAR)	PAY RATE	POSITION HELD	NAME OF SUPERVISOR	PHONE NO.
	PREVIOUS EMPLOYER		ADDRESS		CITY	STATE
	DATE STARTED (MONTH & YEAR)	DATE LEFT (MONTH & YEAR)	PAY RATE	POSITION HELD	NAME OF SUPERVISOR	PHONE NO.
	PREVIOUS EMPLOYER		ADDRESS		CITY	STATE
	DATE STARTED (MONTH & YEAR)	DATE LEFT (MONTH & YEAR)	PAY RATE	POSITION HELD	NAME OF SUPERVISOR	PHONE NO.
	PREVIOUS EMPLOYER		ADDRESS		CITY	STATE
	DATE STARTED (MONTH & YEAR)	DATE LEFT (MONTH & YEAR)	PAY RATE	POSITION HELD	NAME OF SUPERVISOR	PHONE NO.
	PREVIOUS EMPLOYER		ADDRESS		CITY	STATE
	DATE STARTED (MONTH & YEAR)	DATE LEFT (MONTH & YEAR)	PAY RATE	POSITION HELD	NAME OF SUPERVISOR	PHONE NO.
	PREVIOUS EMPLOYER		ADDRESS		CITY	STATE
	DATE STARTED (MONTH & YEAR)	DATE LEFT (MONTH & YEAR)	PAY RATE	POSITION HELD	NAME OF SUPERVISOR	PHONE NO.

It is our custom to inquire for further details at the schools you indicate. It will be helpful in identifying your record if you will give as accurate information as possible on dates, degrees, and if you have ever been employed under another name.

E D U C A T I O N	NAME OF SCHOOL		LOCATION	MAJOR COURSE OF STUDY	YEARS ATTENDED		DID YOU GRADUATE?	DEGREE	
					From	To			
	HIGH SCHOOL(S)								
	COLLEGE(S)								
	BUSINESS TRADE OR TECHNICAL SCHOOL								
ARE YOU NOW ATTENDING ANY SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		SPECIAL ABILITIES THAT SUPPORT YOUR EMPLOYMENT INTEREST		SCHOOL HONORS			GRADE AVERAGE (LETTER) Major _____ Overall _____		
SCHOOL ACTIVITIES									
HOBBIES, AND SKILLS (TYPING, SHORTHAND, ART, MECHANICAL, WOODWORKING, PHOTOGRAPHY, ETC.)									
R E F E R E N C E S	NAME (Do Not Give Names of Former Employers or Relatives)		STREET AND NUMBER	CITY AND STATE		OCCUPATION	PHONE		

- All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, individual disability or veteran status.
- In compliance with the Immigration Reform and Control Act, this employer will hire only U.S. citizens and aliens lawfully authorized to work in the United States. Prior to beginning employment, all new employees will be required to complete Form I-9 Employment Eligibility Verification.
- I authorize the company to investigate any and all statements or information contained in this application, and I understand that any omissions, inaccuracies or false statements on this application shall be grounds to deny my application, or, if I am already employed at the time the misstatement is discovered, grounds for my termination.
- I understand that if I am employed by the company, I will be an at-will employee, that I will be required to follow all rules and regulations of the company, and that my employment can be terminated at any time for any reason or I can quit at any time. I acknowledge that no one at the company has promised that I would remain employed for any length of time, and I understand that no one other than an officer of the company is authorized to make such promises.
- I have read and understood the above.

SIGNATURE	DATE
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