

EMPLOYMENT HISTORY AND EXPERIENCE

Company Name 1 (most recent):	Dates Employed: From: _____ To: _____
Address:	City and State:
Phone Number:	Name of Manager / Supervisor:
Explain any gap in employment between Company 1 and the present:	
Duties and Responsibilities:	
Salary, Wage, or Other Compensation:	Reason(s) for Leaving or, if current employer, may we contact?:

Company Name 2:	Dates Employed: From: _____ To: _____
Address:	City and State:
Phone Number:	Name of Manager / Supervisor:
Explain any gap in employment between Company 2 and Company 1:	
Duties and Responsibilities:	
Salary, Wage, or Other Compensation:	Reason(s) for Leaving:

Company Name 3:	Dates Employed: From: _____ To: _____
Address:	City and State:
Phone Number:	Name of Manager / Supervisor:
Explain any gap in employment between Company 3 and Company 2:	
Duties and Responsibilities:	
Salary, Wage, or Other Compensation:	Reason(s) for Leaving:

EDUCATION

Type of School	NAME AND ADDRESS OF SCHOOL	Major Subject	Show last yr attended	Graduate	Degree
High School		N/A	9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		N/A	9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business, Trade Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company?

Yes No If yes, please explain.

BUSINESS REFERENCES

List personal references only if you have no business references.

1	Name:	Business Phone ()
Business Address, Title		Relationship, Home Phone ()
City and State (Zip)		How Long Known
2	Name:	Business Phone
Business Address, Title		Relationship, Home Phone ()
City and State (Zip)		How Long Known
3	Name:	Business Phone
Business Address, Title		Relationship, Home Phone ()
City and State (Zip)		How Long Known

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

It is the policy of the Company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, citizenship status, expunged juvenile records, disability, pregnancy or any other characteristic protected by federal, state or local law.

I authorize the investigation of all statements and information contained in this application, and authorize my former employers and other persons having information concerning me or my record as it may relate to any information relating to my application to provide such information to the Company. I release from all liability anyone supplying such information. I also release the Company from all liability that might result from making an investigation.

If hired, I agree to abide by all of the Company rules and regulations. I understand that, if employed, my employment may be terminated with or without cause and with or without notice, at any time at the option of either the Company or me. I understand that the Company and any Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. I further understand that no representative or agent of the Company has the authority to enter into any agreement (whether oral or written) for employment for a specified period of time, or otherwise to deviate from the employment-at-will policy, or to make any agreement contrary to the foregoing, other than in a document signed by the President or his expressly authorized designee.

If a conditional offer of employment is made, I consent to undergo a drug screening exam and I understand that a positive result will disqualify me from employment.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied by me on this application.

Applicant Signature: _____ Date: _____