

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We will not use as a basis for employment decisions any information regarding race, color, sex, religion, age, national origin, marital status, public assistance, sexual preference or identity, or disability.

NAME IN FULL			<i>(First)</i>	<i>(Middle Initial)</i>	<i>(Last)</i>
PRESENT ADDRESS				<i>(Street)</i>	<i>(City)</i>
				<i>(State)</i>	<i>(Zip Code)</i>
TELEPHONE NUMBER					
DO YOU HAVE LEGAL RIGHT TO WORK IN THE USA?			WHAT PROMPTED THIS APPLICATION?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Friend <input type="checkbox"/> Other _____		

EMPLOYMENT INTERESTS

TYPE OF WORK DESIRED	WILL YOU RELOCATE?	DATE AVAILABLE	DO YOU HAVE A CURRENT DRIVERS LICENSE?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

(Please circle the highest year of education completed.)

Name and Location	Did You Graduate?	Year College Degree Granted	Type of Degree	Major Subject	Average Grade			
					A	B	C	D
HIGH SCHOOL 9 10 11 12	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
COLLEGE(S) 1 2 3 4 Graduate School	<input type="checkbox"/>	<input type="checkbox"/>						
VOCATIONAL, TRADE OR OTHER SCHOOLS ATTENDED	<input type="checkbox"/>	<input type="checkbox"/>						
SCHOLASTIC HONORS, SCHOLARSHIPS, ASSISTANTSHIPS, ETC.								
LICENSES, CERTIFICATES, PUBLICATIONS, INVENTIONS OR PATENTS								

MILITARY

BRANCH OF SERVICE	
RANK AT DISCHARGE	MAJOR DUTIES
SPECIAL RECOGNITION OF ACHIEVEMENTS	

REFERENCES

List Three References Who Are Not Relatives Or Previous Supervisors			MAY WE CONTACT REFERENCES?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME	ADDRESS	OCCUPATION	YEARS KNOWN
NAME	ADDRESS	OCCUPATION	YEARS KNOWN
NAME	ADDRESS	OCCUPATION	YEARS KNOWN

EMPLOYMENT HISTORY *(Give Last or Present Position First)*

COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
EMPLOYED AS <i>(Starting)</i>		DATE	SALARY
EMPLOYED AS <i>(Termination)</i>		DATE	SALARY
JOB DUTIES			
REASON FOR LEAVING			
SUPERVISOR		TELEPHONE NUMBER	MAY WE CONTACT YOUR SUPERVISOR? " Yes " No
COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
EMPLOYED AS <i>(Starting)</i>		DATE	SALARY
EMPLOYED AS <i>(Termination)</i>		DATE	SALARY
JOB DUTIES			
REASON FOR LEAVING			
SUPERVISOR		TELEPHONE NUMBER	MAY WE CONTACT YOUR SUPERVISOR? " Yes " No
COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
EMPLOYED AS <i>(Starting)</i>		DATE	SALARY
EMPLOYED AS <i>(Termination)</i>		DATE	SALARY
JOB DUTIES			
REASON FOR LEAVING			
SUPERVISOR		TELEPHONE NUMBER	MAY WE CONTACT YOUR SUPERVISOR? " Yes " No

UNDERSTANDING

I understand that if I am employed, my employment is not for any definite or guaranteed period of time. I realize that my signature will be your authorization to research statements that I have made in this application.

Furthermore, it is understood and agreed that any misrepresentation by me in this application could be cause for cancellation of the application and/or for separation from the Company's service if I have been employed.

I further agree to wear and maintain such personal protective equipment as may be provided by the company, for instance, hardhat, safety belt, etc., and return same to the company on termination of my employment.

SIGNATURE	DATE
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