

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 |
|-----------|------|