



Applicant Name _____ Date of Application _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Position Applied for: _____

Name _____
Last First Middle

Social Security No: _____

In case of emergency: _____
Name Phone:

Relationship to you: _____

List your addresses of residency for the past 3 years

Current Address _____
Street City
State Zip Phone _____ How Long? _____
yr./mo.

Previous Addresses
Street City ST & Zip code How Long? _____
yr./mo.
Street City ST & Zip code How Long? _____
yr./mo.
Street City ST & Zip code How Long? _____
yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth: _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____

Dates: From _____ to _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been convicted of a felony? _____ If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment –all circumstances will be considered.

EMPLOYMENT HISTORY

Provide employment information for the past three years. Attach a sheet if more space is needed.

EMPLOYER			DATE	
Name			From Mo. Yr.	To Mo. Yr.
Address			Position Held	
City	ST	Zip	Salary/wage	
Contact Person			Phone	
Reason for Leaving				

EMPLOYER			DATE	
Name			From Mo. Yr.	To Mo. Yr.
Address			Position Held	
City	ST	Zip	Salary/wage	
Contact Person			Phone Number	
Reason for Leaving				

EMPLOYER			DATE	
Name			From Mo. Yr.	To Mo. Yr.
Address			Position Held	
City	ST	Zip	Salary/wage	
Contact Person			Phone Number	
Reason for Leaving				

EMPLOYER			DATE	
Name			From Mo. Yr.	To Mo. Yr.
Address			Position Held	
City	ST	Zip	Salary/wage	
Contact Person			Phone Number	
Reason for Leaving				

MILITARY STATUS

HAVE YOU SERVED IN THE US ARMED FORCES _____ BRANCH _____

EDUCATION

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last School attended (name) _____

SKILLS AND QUALIFICATIONS

Describe Equipment on which you are experienced _____

Show any Office and/or Shop experience that may help in your work for this company _____

List courses and training other than shown elsewhere in this application _____

TO BE READ AND SIGNED BY APPLICANT

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE CORRECT AND UNDERSTAND THAT WITHHOLDING INFORMATION OR MAKING A FALSE STATEMENT IN THIS APPLICATION AND INFORMATION SUBMITTED THEREWITH OR AT ANY TIME DURING THE APPLICATION AND PRE-EMPLOYMENT PROCESS WILL BE THE BASIS FOR MY APPLICATION NOT TO BE CONSIDERED AND/OR DISMISSAL. I AUTHORIZE ALL EMPLOYERS, EDUCATORS, AND OTHER FIRMS OR PERSON NAMED HEREIN TO PROVIDE THE COMPANY WITH INFORMATION REGARDING MY EDUCATION, EMPLOYMENT, AND MEDICAL HISTORY AND RELEASE ALL SUCH INDIVIDUALS OR ENTITIES FROM ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING INFORMATION REGARDING ME. _____ INITIALS.

I UNDERSTAND THAT THIS APPLICATION DOES NOT OBLIGATE THE COMPANY TO OFFER ME EMPLOYMENT OR TO HIRE ME. I FURTHER UNDERSTAND THAT IF I AM EMPLOYED BY THE COMPANY, MY EMPLOYMENT WILL BE ON A "AT WILL" BASIS AND MAY BE TERMINATED BY THE COMPANY AT ANY TIME WITH OR WITHOUT CAUSE OR NOTICE. IF I AM EMPLOYED I UNDERSTAND THAT I WILL ABIDE BY ALL DOT, FEDERAL, STATE AND COMPANY PROCEDURES AND REGULATIONS WHILE WORKING FOR THE COMPANY. _____ INITIALS.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature

Date