

EDUCATION

Please check highest education level completed.

High School | Some College/University | Post-Collegiate | Professional/Trade School

Name	Complete Mailing Address	Graduated	Degree Obtained
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus. or Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application may not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the **correct telephone numbers of past employers are critical**. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY. Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Most Recent Employer		<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?	Phone () Fax ()
		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact?	
Company Name	Address	City	State	
From	To			
Dates Employed	Job Title	Supervisor's Name		
Duties, jobs held, skills used or learned, advancements or promotions				
Per				
Salary	(Hour, Week, Month)	Reason for Leaving (Be specific)		

Second Most Recent Employer		<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?	Phone () Fax ()
		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact?	
Company Name	Address	City	State	
From	To			
Dates Employed	Job Title	Supervisor's Name		
Duties, jobs held, skills used or learned, advancements or promotions				
Per				
Salary	(Hour, Week, Month)	Reason for Leaving (Be specific)		

Third Most Recent Employer		<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?	Phone () Fax ()
		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact?	
Company Name	Address	City	State	
From	To			
Dates Employed	Job Title	Supervisor's Name		
Duties, jobs held, skills used or learned, advancements or promotions				
Per				
Salary	(Hour, Week, Month)	Reason for Leaving (Be specific)		

Fourth Most Recent Employer

Phone ()
Fax ()

Company Name _____ Address _____ City _____ State _____
From _____ To _____
Dates Employed _____ Job Title _____ Supervisor's Name _____
Duties, jobs held, skills used or learned, advancements or promotions _____
Per _____
Salary _____ (Hour, Week, Month) Reason for Leaving (Be specific) _____

Yes | No Did you complete this application yourself? If not, who did? _____
First, Last Name

DRIVER'S LICENSE INFORMATION

Yes | No If the job requires it, do you have the appropriate valid driver's license?
Name on license _____ | DL# _____ | Type _____ | State _____

What is your means of transportation to work? _____

Yes | No Have you had any moving violations in the last seven years? Please describe: _____
 Yes | No Have you had any accidents during the past three years? How many? _____

Criminal History

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Yes | No Have you ever been convicted of a crime? **Do not include convictions that were sealed or expunged pursuant to a court order.**

If you answered "Yes," please explain: _____

Yes | No Are you currently awaiting trial for any criminal offense?

If you answered "Yes," please explain: _____

Yes | No Have you ever initiated an act of violence in the workplace?

If you answered "Yes," please explain: _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes | No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes | No
SPECIALTY: _____ DATE ENTERED: _____ DISCHARGE DATE: _____

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This application form is not an offer of employment. If hired, such employment shall be considered "at will" and this application is not intended to constitute a contract of continued employment. False or misleading statements during the interview or on this form may result in the refusal to hire or termination of employment. Applicants are considered for positions without discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. Smoking is prohibited on company property unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

PERMISSION TO WORK IN THE UNITED STATES

Yes | No Are you legally eligible to work in the United States?*

*Proof of employment eligibility will be required if hired.

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE

DATE

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use this space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

OFFICE ONLY

Word Processing: Yes | No

Can comply with dress code: Yes | No

Other Skills: _____

Understand no smoking policy: Yes | No

10 Key: Yes | No