



Personal Information:

| | | | | | | | | |
|--|--|------------------------------|-----------------------------|---------------------------------------|-----------------|------------------------------|-----------------------------|----------------|
| Last: | | First: | | MI: | SSN: | | | |
| Street Address: | | | City: | | ST: | Zip: | | |
| Home Phone: | | Mobile Phone: | | Email: | | | | |
| Are you legally eligible for employment in the U.S.? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you 18 or older? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Date of Birth: |
| What position are you applying for? | | | | How did you hear about this position? | | | | |
| Expected Hourly Rate: | | Expected Weekly Earnings: | | | Date Available: | | | |

Prior Work Experience:

| | Current/Most Recent: | | Prior: | | Prior: | |
|-------------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Employer: | | | | | | |
| Street Address: | | | | | | |
| City, ST, Zip: | | | | | | |
| Telephone: | | | | | | |
| Name of Immediate Supervisor: | | | | | | |
| Position/Job Title: | | | | | | |
| Dates of Employment: | From: | To: | From: | To: | From: | To: |
| Pay: | | | | | | |
| Reason for Leaving: | | | | | | |
| May We Contact: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Education:

| | Name/Location: | Last Year Completed: | Degree(s): |
|--|----------------|----------------------|------------|
| High School: | | | |
| College University: | | | |
| Trade School: | | | |
| Other: | | | |
| Special Skills, Training &/or Proficiencies: | | | |

Personal References:

| | Reference 1: | Reference 2: | Reference 3: |
|-----------------|--------------|--------------|--------------|
| Name: | | | |
| Street Address: | | | |
| City, ST, Zip: | | | |
| Telephone: | | | |

Disclaimer - By signing, I hereby certify that the answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge. I hereby authorize my former employers, educational institutions, and references to provide any and all information they may have regarding me and I hold them harmless for any real or perceived damage that information may cause me. If, upon investigation, anything contained in this application is found to be untrue, I understand that I may be subject to immediate dismissal.

ALCOHOL & DRUG POLICY - I hereby certify that I am aware that this prospective employer maintains an alcohol and drug-free workplace and that if offered a position with this employer, I may be required to take a pre-employment alcohol and drug test and that on a random basis, I may be required to submit to alcohol and drug testing and that it is the policy of this employer to test all employees involved in an on-the-job accident for the presence of alcohol and drugs. I am also aware that the offer of employment can be revoked if the result of the drug test and/or background check proves to be unsatisfactory. By signature of this Employment Application, I affirm my consent to be tested for alcohol and drug use as described above.

| | | |
|-------------|------------|-------|
| Print Name: | Signature: | Date: |
|-------------|------------|-------|