

APPLICATION FOR EMPLOYMENT

Use blank paper if you do not have enough room on this application blank. Please print, except for your signature.

This application is current only for 30 days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary to fill out a new application.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

SOC.SEC# _____

Job Applied for _____

Seeking Full-time Part-time Our work week includes Sunday through Saturday

When are you available for employment? _____

EMPLOYMENT HISTORY (Begin with most recent employer first)				
Previous Employer		Address/Telephone		Type of Business
Dates Employed		Reason for Leaving		Supervisors Name and Title
From Month	To Year	Starting	Last	
Job Title and Duties				
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Job Title and Duties				

Indicate if any of these employers should not be contacted at this time: _____

Have you ever been convicted of a criminal offense?
(Conviction will not necessarily disqualify an applicant)

Yes No

Are you over 21 years of age?

Yes No

Are you a citizen of the United States or do you have a valid work permit?

Yes No

Have you ever been addicted to narcotic drugs?

Yes No

EDUCATION

Education (Circle last year complete)

Name of School

Subjects Studied

High School 1 2 3 4

College 1 2 3 4

Other (Vocational, Military, etc: _____)

If you are an experienced operator of any equipment or business machines, please list:

Do you have computer experience? If yes, what type of software?

HEALTH

Do you have any physical limitations which would prevent or impair performance of the job for which you are applying?

Yes No

Have you missed any work in the past 6 months due to illness?

Yes No

Would you take a physical examination if required?

Yes No

DRIVING RECORD

Do you have a valid driver's license?

Yes No

License Number _____ Class/Type _____ Exp. Date _____

Have you had any traffic citations (including DUI) in the past 3 years?

Yes No

If yes, please explain _____

Have you ever driven a commercial vehicle? Yes _____ No _____ If yes, please list name of employer(s)

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct with consequential omissions of any kind. I agree that the company shall not be liable if my employment is terminated due to the falsity of statements, answers or omissions made by me on this application. I certify that all statements and answers to questions about my health are true and were made by me without reservation. I understand that if employed, either the company or I may terminate our relationship at will, without notice or for any reason and that this employment application does not constitute an employment contract. This Company is hereby authorized to release any firm or person with whom I may seek employment, any and all information concerning my employment or application.

Date: _____ Signature: _____

My signature signifies that I am willing to take a drug test.