



APPLICATION FOR EMPLOYMENT

Please Read Carefully

Please answer all questions as completely as possible. The use of this form does not indicate that there are positions open and does not obligate you or the company. The company does not discriminate in employment on the basis of race, sex, age, religion, color, national origin, or disability.

PLEASE PRINT IN INK

GENERAL INFORMATION

Name _____ Date _____
Last First Middle

Address _____ Day Phone _____
Street City State Zip Evening Phone _____

Are you under the age of 18? Yes No Are you a U.S. Citizen? Yes No If no, do you have a visa which allows employment? Yes No Have you ever applied at this company or any of its subsidiaries before? Yes No If so, when? _____

AVAILABILITY

To help us consider you for a job that matches your availability, please tell us the earliest time and latest time you can work each day.

DAY	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
EARLIEST TIME							
LATEST TIME							

Maximum hours you can work: _____ Number of hours you would prefer to work each week: _____

Are you available to work overnight (3rd shift) if needed? Yes No

Salary desired: _____ Date available to begin work: _____

Position(s) applying for: _____ Full-time Part-time Seasonal

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED 1 2 3 4 5 6+

List schools attended including high school, trade, technical, college, military, etc. beginning with the most recent.

School & Address	Did You Graduate?	Certificate or Degree Received
_____ _____ _____	Yes ___ No ___	_____ _____ _____
_____ _____ _____	Yes ___ No ___	_____ _____ _____
_____ _____ _____	Yes ___ No ___	_____ _____ _____

MILITARY RECORD

Have you ever served in the armed forces? Yes No

If yes, what branch? _____

Date of active service: From: _____ / _____ / _____ To: _____ / _____ / _____
Month Day Year Month Day Year

Rank at discharge: _____

EMPLOYMENT RECORD

List your current or most recent employer first and indicate a continuous record of employment for the last ten years or from the time you left school. Please add a supplementary sheet if additional space is required.

Employer	Telephone	Dates Employed		Summarize the Type of Work Performed and Job Responsibilities
	()	From	To	
Address				
Job Title		Hourly Rate/Salary Starting		
Immediate Supervisor and Title		\$	Per	
Reason For Leaving		Hourly Rate/Salary Final		
May We Contact For Reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>		\$	Per	

Employer	Telephone	Dates Employed		Summarize the Type of Work Performed and Job Responsibilities
	()	From	To	
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May We Contact For Reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>		\$	Per	

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May We Contact For Reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>		\$	Per	

SPECIALIZED TRAINING/SKILLS & QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

List all equipment (office, trade or laboratory) that you operate proficiently: _____

In the space below, please indicate the job in which you've had experience and equipment you can operate. Indicate time spent in each area (years, months, weeks)

Receiving & Shipping _____

Cash Register _____

Retail Floor _____

General Office _____ Typing speed _____ WPM

Word processor, speed _____ WPM 10 key calculator _____ by sight _____ by touch

PC skills (list software) _____

Other _____

Have you ever held a supervisory position? Yes No Number of employees supervised: _____

If yes, where?: _____

BACKGROUND INFORMATION

Have you ever been convicted of any felony, misdemeanor or other offense, including municipal ordinance violation, (except minor traffic citations, if not applying for a driver position)? The term conviction includes, but is not limited to, the payment of fines, and pleas of no contest. If yes, provide the date and details of the conviction. Yes No

*NOTE: A criminal record or a pending criminal charge does not constitute an automatic bar to employment by the Company and will be considered only as it relates to the job for which you are applying.

Have you ever been known by any other name(s) which this company will require to verify any of the information contained in this application? Yes No

If yes, give name(s) and identify the related school, employer, etc.: _____

BACKGROUND INFORMATION

Have you ever been employed by this company or any of its subsidiaries? Yes No If yes, please complete:

Department _____

Supervisor _____ Employed from: _____ To: _____

Does this company now employ any of your relatives? Yes No If yes, please state:

Name _____ Dept. _____ Relationship _____

NOTICE TO ALL APPLICANTS

Federal law requires the company to notify each applicant that we:

- Hire only United States citizens and aliens authorized to work in the United States.
- Will require all new employees to complete the designated employers verification form and present documentation to certify that you are eligible for employment as a United States citizen or alien authorized to work in the United States.

PLEASE READ CAREFULLY BEFORE SIGNING

This application will be retained in our active files for six months. If you wish to submit another application after this period of time, please feel free to do so.

I agree to abide by all the rules of the Company and will obey the orders and the instructions of my supervisor. I will use and wear all safety appliances furnished me by the Company and will be careful in my work and not expose myself or other workers to unnecessary dangers.

I understand nothing in this document establishes any covenants expressed or implied to employment or continued employment. All employment is at-will and may be terminated by either party with or without cause.

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I understand and agree that any false information, misrepresentation or concealment of fact is sufficient grounds for either my immediate discharge without recourse or refusal of employment by this company.

I understand and agree that all information furnished in this application may be verified by this company. I also understand that any employment is subject to a satisfactory check of references and satisfactory results of a medical examination to include a drug screening. I hereby authorize all individuals and organizations named or referred to in the application and any law enforcement organization to give this company all information relative to my employment, work habits and character and hereby release such individuals, organizations and this company from any liability for any claim or damage which may result.

Signature of applicant _____ Date _____

Thank you for taking the time to complete this application.