

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORI	MATION					7
					DATE SOCIAL SECURITY NO.	LAST
NAME					SOCIAL SECONTT NO.	=
INAIVIE	LAST	FIRST		MIDDLE		1
PRESENT ADDRESS						
	STREET	CITY		STATE	ZIP	
PERMANENT ADDRESS	STREET	CITY		STATE	ZIP	$\dashv \bot$
DHONE NO			OI DED2			
PHONE NO.	AI	RE YOU 18 YEARS OR	CULDER!	res u	No □	$\dashv \mid$
ARE YOU PREVENTED IN THIS COUNTRY BEC				Yes □	No 🗆	
IN THIS COUNTRY BEC	AUGE OF VIOA	OK IIVIIVIIOKATION 31	AIOO:	163 🗕		$\dashv \mid$
EMPLOYMENT DES	iRED					7
POSITION			DATE YOU CAN START		SALARY DESIRED	
1 00111014	IF SO MAY WE INQUIRE				DESINED	FIRS
ARE YOU EMPLOYED N	IOW?			ESENT EMPL	OYER?	-
EVER APPLIED TO THIS COMPANY BEFORE? WHERE?					WHEN?	
EVERYAL FELED TO THIS	<u> </u>		WIILIKE:		WITEIV.	11
REFERRED BY						$\dashv \mid$
EDUCATION	NAME AND L	OCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED	
HIGH SCHOOL						
COLLEGE						MIDDLE
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL						
GENERAL						
SUBJECTS OF SPECIAL	L STUDY OR RE	ESEARCH WORK				
JOB RELATED SKILLS						
ACTIVITIES: (CIVIC ATHLE	TIC ETC.)					
EXCLUDE ORGANIZATIONS, THE N.		ATES THE RACE, CREED. SEX. A	GE, MARITAL STATUS	S, COLOR OR NATIO	N OF ORIGIN OF ITS MEMBERS.	
U. S MILITARY OR NAVAL SERVICE	PRESENT MEMBERSHIP IN					
NAVAL SERVICE	RANK NATIONAL GUARD OR RESERVES					

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
ТО				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO SEX, RACE, COLOR, NATIONAL ORIGIN OR ANCESTRY, AGE OR DISABILITY. NO INFORMATION ON THIS APPLICATION WILL BE USED FOR THE PURPOSE OF DISCRIMINIATION.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ON THIS APPLICATION IS SUFFICIENT CAUSE FOR REFUSAL TO HIRE, OR DISMISSAL IF I HAVE BEEN EMPLOYED, NO MATTER WHEN DISCOVERED BY THE COMPANY.

I UNDERSTAND THAT ANY EMPLOYMENT IS CONDITIONED ON A BACKGROUD CHECK. I AUTHORIZE THE COMPANY TO THOUROUGHTLY INVISTIGATE ALL STATEMENTS CONTAINED IN MY APPLICATION OR RESUME, AND I AUTHORIZE MY FORMER EMPLOYERS AND REFERENCES TO DISCLOSE INFORMATION REGARDING MY FORMER EMPLOYMENT, CHARACTER AND GENERAL REPUTATION TO THE COMPANY, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE. IN ADDITION, I RELEASE THE COMPANY, ANY FORMER EMPLOYERS AND ALL REFERENCES LISTED ABOVE FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT. I FURTHER UNDERSTAND AND AGREE THAT IF I AM HIRED, MY EMPLOYMENT WILL BE "AT WILL" AND WITHOUT FIXED TERM, AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER MYSELF OR THE COMAPNY. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME, AND I UNDERSTAND THAT NO SUCH PROMISE OR GUARANTEE IS BINDING UPON THE COMPANY UNLESS MADE IN WRITING.

IF I AM OFFERED EMPLOYMENT I AGREE TO SUBMIT TO A MEDICAL EXAMINATION AND DRUG TEST BEFORE STARTING WORK. IF EMPLOYED, I ALSO AGREE TO SUBMIT TO A MEDICAL EXAMINATION OR DRUG TEST AT ANY TIME DEEMED APPROPRIATE BY THE COMPANY AND AS PERMITTED BY LAW. I CONSENT TO SUCH EXAMINATIONS AND TESTS, AND I REQUEST THAT THE EXAMINING DOCTOR DISCLOSE TO THE COMPANY THE RESULTS OF THE EXAMINATION, WHICH RESULTS SHALL REMAIN CONFIDENTIAL AND SEGREGATED FROM MY PERSONNEL FILE. I UNDERSTAND THAT MY EMPLOYMENT OR CONTINUED EMPLOYMENT, TO THE EXTENT PERMITTED BY LAW, IS CONTINGENT UPON SATISFACTORY MEDICAL EXAMINATIONS AND DRUG TESTS, AND IF I AM HIRED A CONDITION OF MY EMPLOYMENT WILL BE THAT I ABIDE BY THE COMPANIY'S DRUG AND ALCOHOL POLICY.

I UNDERSTAND THAT FILLING OUT THIS FORM DOES NOT INDICATE THERE IS A POSITION OPEN AND DOES NOT OBLIGATE THE COMPANY TO HIRE. IF HIRED I AGREE TO ABIDE BY ALL COMPANY WORK RULES, POLICIES AND PROCEDURES. THE COMPANY RETAINS THE RIGHT TO REVISE ITS POLICIES OR PROCEDURES, IN WHOLE OR IN PART, AT ANY TIME.

DATE