

APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

INSTRUCTIONS: Print all information requested except signature. Do not provide information that is not requested by this form.

Name _____ Today's Date _____
Last First Middle

Present Address _____
Street Address City State Zip Code

Position applied for: _____ Telephone (____) _____ - _____

Wage or salary desired: \$ _____ Social Security No. _____ - _____ - _____

Shift preferred: _____ Have you worked here before: _____ Yes _____ No

When can you start? _____ If yes, what dates? From _____ to _____

Can you work overtime as required? _____ Yes _____ No Are you over 18 years old? _____ Yes _____ No

How did you learn of this opening? _____

Are you authorized to work in the U.S. on an unrestricted basis? _____ Yes _____ No

Have you been told the essential functions of the job and have you been shown a copy of the job description listing the essential functions of the job? _____ Yes _____ No

EDUCATION	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College/University				
Bus. or Trade School				
Professional School				

Work Experience 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.

Most Recent Employer _____ Telephone: _____

Address: _____
Street Address City State Zip Code

Date Started ____/____/____ Starting Salary _____ Starting Position _____

Date Left ____/____/____ Salary on leaving _____ Position on leaving _____

Name and Title of Supervisor _____

Description of Duties _____

Reason for Leaving (be specific) _____

Previous Employer _____ Telephone: _____

Address: _____
Street Address City State Zip Code

Date Started ____/____/____ Starting Salary _____ Starting Position _____

Date Left ____/____/____ Salary on leaving _____ Position on leaving _____

Name and Title of Supervisor _____

Description of Duties _____

Reason for Leaving (be specific) _____

Previous Employer _____		Telephone: _____	
Address: _____			
Street Address	City	State	Zip Code
Date Started ____/____/____	Starting Salary _____	Starting Position _____	
Date Left ____/____/____	Salary on leaving _____	Position on leaving _____	
Name and Title of Supervisor _____			
Description of Duties _____			
Reason for Leaving (be specific) _____			

May we contact your present employer? _____ Yes _____ No
Did you complete this application yourself? _____ Yes _____ No If not, who did? _____

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for consideration of my application by _____ (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statement, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of _____, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and _____ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include a reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

Date: _____ Applicant's Signature _____

This Company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

9/1/99