



APPLICATION FOR EMPLOYMENT

Is An Equal Opportunity Employer

Please print in ink and answer all questions completely.

POSITION DESIRED:	WHEN CAN YOU REPORT?	SALARY DESIRED:	DATE OF APPLICATION:
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PERSONAL

LAST NAME	FIRST	INITIAL	SOC. SEC. NO.	HOME PHONE ()
STREET ADDRESS	APT#	CITY	STATE	ZIP
EMAIL ADDRESS:				WORK PHONE ()
CELL PHONE ()				
DO YOU HAVE RELATIVES WORKING FOR THIS COMPANY? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, LIST NAMES:			HOW WERE YOU REFERRED TO THE COMPANY? HAVE YOU WORKED FOR THE COMPANY BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES	
ARE YOU ANTICIPATING ABSENCES AWAY FROM WORK OF ANY DURATION? <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN:		ARE YOU AVAILABLE TO WORK OVERTIME, IF NECESSARY? <input type="checkbox"/> NO <input type="checkbox"/> YES ARE YOU ABLE TO WORK ON WEEKENDS? <input type="checkbox"/> NO <input type="checkbox"/> YES ARE YOU ABLE TO TRAVEL? <input type="checkbox"/> NO <input type="checkbox"/> YES		
DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> NO <input type="checkbox"/> YES		FOR DRIVING JOBS ONLY: DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE #, STATE AND EXP. DATE:		
IF DRIVING IS A REQUIREMENT OF THE POSITION APPLIED FOR, HAVE YOU HAD YOUR LICENSE SUSPENDED OR REVOKED IN THE LAST 3 YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PLEASE EXPLAIN:				
AVAILABILITY TO WORK: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME / NUMBER OF HOURS _____ <input type="checkbox"/> TEMPORARY / AVAILABLE THROUGH _____				
CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO WORK IN THIS COUNTRY? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF HIRED, PROOF OF LAWFUL RIGHT TO WORK IN THE U.S. WILL BE REQUIRED)			ARE YOU 18 OR OLDER? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF HIRED, CAN YOU FURNISH PROOF OF AGE? <input type="checkbox"/> NO <input type="checkbox"/> YES

SCHOOL	LOCATION	CIRCLE GRADE/YEARS COMPLETED	UNIT CREDITS	DEGREE EARNED	MAJOR
HIGH SCHOOL		9 10 11 12		GRADUATED <input type="checkbox"/> NO <input type="checkbox"/> YES	
JR. COLLEGE		1 2			
COLLEGE		1 2 3 4			
BUSINESS OR TRADE SCHOOL. LIST PROFESSIONAL DESIGNATIONS:		1 2 3 4			

MILITARY (To Be Completed By Both Male And Female)

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BRANCH:	IF YES, GIVE DATES FROM: TO:	FINAL RANK:
RELEVANT SKILLS ACQUIRED:		

SKILLS (Check Any Of The Following Skills You Possess)

LIST ANY FOREIGN LANGUAGES YOU KNOW. _____ <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK _____ <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK	OTHER APPLICABLE SKILLS - CHECK THOSE THAT APPLY: <input type="checkbox"/> OFFICE 2007 <input type="checkbox"/> OFFICE 2003 <input type="checkbox"/> GOLDMINE <input type="checkbox"/> MAS 90 <input type="checkbox"/> WINDOWS XP <input type="checkbox"/> WINDOWS VISTA <input type="checkbox"/> QUICKBOOKS <input type="checkbox"/> ORACLE <input type="checkbox"/> PEOPLESOFT OTHER
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ADDITIONAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? (CONVICTIONS FOR MARIJUANA-RELATED OFFENSES THAT ARE MORE THAN TWO YEARS OLD NEED NOT BE LISTED).
 NO YES
IF YES, EXPLAIN IN DETAIL AS TO TIME, NATURE, NUMBER AND DISPOSITION OF CONVICTION(S):

(NOTE: NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF CONVICTION OF A CRIMINAL OFFENSE. THE NATURE OF THE OFFENSE, THE DATE OF THE OFFENSE, THE SURROUNDING CIRCUMSTANCES AND THE RELEVANCE OF THE OFFENSE TO THE POSITION(S) APPLIED FOR MAY, HOWEVER, BE CONSIDERED.)

HAVE YOU USED ANY NAME OTHER THAN THE NAME YOU ARE CURRENTLY USING WHILE ATTENDING SCHOOL OR WITH A PREVIOUS EMPLOYER? NO YES
IF YES, LIST NAME(S) YOU USED:

AS AN EMPLOYEE, HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED OR ASKED TO RESIGN? NO YES

HAVE YOU EVER BEEN BONDED? NO YES HAVE YOU EVER BEEN REFUSED BONDING? NO YES
IF YES, WHAT TYPE AND REASON:

IF REQUIRED, WILL YOU UNDERGO A PRE-EMPLOYMENT PHYSICAL OR DRUG TEST? NO YES

ARE YOU ABLE TO SAFELY PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? NO YES IF NO, IF YOU REQUIRE REASONABLE ACCOMMODATION PLEASE EXPLAIN:

(NOTE: WE COMPLY WITH THE ADA AND CONSIDER REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL FUNCTIONS. HIRE MAY BE SUBJECT TO PASSING A MEDICAL EXAMINATION, AND SKILL AND AGILITY TESTS.)

AN AFFIRMATIVE ANSWER TO ANY OF THESE QUESTIONS MAY NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT.

EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS, INCLUDING MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT. FOR ADDITIONAL EMPLOYMENT HISTORY OR EXPLANATIONS, USE THE SUPPLEMENTAL APPLICATION FOR EMPLOYMENT. YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.

FIRM (please start with most recent position)		(may we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes)	TITLE AND SUMMARY OF YOUR DUTIES:	
ADDRESS	CITY	STATE	ZIP	
SUPERVISOR		PHONE		
DATES OF EMPLOYMENT (include month and year)		BASE SALARY		FULL-TIME <input type="checkbox"/> REASON FOR LEAVING:
From:	To:	Starting \$	Ending \$	PART-TIME <input type="checkbox"/>
FIRM		(may we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes)		
ADDRESS		CITY	STATE	ZIP
SUPERVISOR		PHONE		
DATES OF EMPLOYMENT (include month and year)		BASE SALARY		FULL-TIME <input type="checkbox"/> REASON FOR LEAVING:
From:	To:	Starting \$	Ending \$	PART-TIME <input type="checkbox"/>
FIRM		(may we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes)		
ADDRESS		CITY	STATE	ZIP
SUPERVISOR		PHONE		
DATES OF EMPLOYMENT (include month and year)		BASE SALARY		FULL-TIME <input type="checkbox"/> REASON FOR LEAVING:
From:	To:	Starting \$	Ending \$	PART-TIME <input type="checkbox"/>

REFERENCES

LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS.

NAME AND OCCUPATION	ADDRESS	TELEPHONE #	YEARS KNOWN

INITIAL**AFFIDAVIT**

_____ I certify that all information provided in this employment application and supplementary application are true and complete. I agree to have any of the statements checked by the Company unless indicated to the contrary. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

_____ I am aware that a more detailed investigation concerning background and credit may also be conducted, I hereby authorize that investigation. I also understand that employment is contingent upon satisfactory completion of reference checks and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

_____ I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a pre-employment alcohol and drug screening examination. I understand that my job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

_____ I understand that nothing in this application, conveyed during any interview, or subsequent employment creates a contract of employment between the Company or any subsidiary or affiliate and myself, nor guarantees employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause or notice by either myself or the Company. I understand that the Company can change benefits, policies and conditions at any time.

_____ I understand that any and all disputes regarding my employment with the Company, including any disputes relating to the termination of my employment, are subject to the Alternative Dispute Resolution process, which includes final and binding arbitration. I also understand and agree, as a condition of employment, to submit any such disputes for resolution under that process, and I further agree to abide by and accept the decision of the arbitration panel as the final binding decision and resolution of any such disputes I may have.

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING. I have read, understand, and by my signature consent to these statements.

APPLICANT'S SIGNATURE: _____

DATE: _____