

SECURITY

Have you ever been convicted of a felony or misdemeanor? Yes No

If "Yes", please explain: _____

NOTE: The existence of a criminal record does not constitute an automatic bar to employment.

EMPLOYMENT HISTORY (Including Military Service) – Begin with your most recent employer.

Employer: _____
 Address/City/State/Zip: _____
 Telephone: (_____) Supervisor: _____
 Start Date: _____ End Date: _____ Salary: _____ (Circle): Hour, Week, Month
 Position & Duties: _____
 Reason for leaving: _____
 Can we contact this employer for information? Yes No
 If "No", why not? _____

Employer: _____
 Address/City/State/Zip: _____
 Telephone: (_____) Supervisor: _____
 Start Date: _____ End Date: _____ Salary: _____ (Circle): Hour, Week, Month
 Position & Duties: _____
 Reason for leaving: _____
 Can we contact this employer for information? Yes No
 If "No", why not? _____

Employer: _____
 Address/City/State/Zip: _____
 Telephone: (_____) Supervisor: _____
 Start Date: _____ End Date: _____ Salary: _____ (Circle): Hour, Week, Month
 Position & Duties: _____
 Reason for leaving: _____
 Can we contact this employer for information? Yes No
 If "No", why not? _____

EDUCATION

Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16+

School	Name & Address of School	Graduate? (circle)	Diploma/Degree? (circle)
High School		Yes / No	Yes / No
Technical, Vocational or Business		Yes / No	Yes / No
Colleges or Universities		Yes / No	Yes / No

APPLICANT SIGNATURE

I understand that the employer follows an employment-at-will policy, in that the employer or I may terminate my employment any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered the job. I understand that the company will thoroughly investigate my work and personal history and verify all data given on the application, or related papers, and in interviews. I authorize all former employers, schools, individuals, and law enforcement authorities to provide any information requested about me, and I release them from all liability for damage in providing this information. I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required. I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature

Date