



(Month/Year, City/State, Offense, Disposition)

**EDUCATION**

High School Name

And Location \_\_\_\_\_

Years Completed      9      10      11      12

College/Undergraduate School Name

And Location \_\_\_\_\_

Years Completed      1      2      3      4

Graduate/Professional School Name

And Location \_\_\_\_\_

Years Completed      1      2      3      4

Other (please specify) Name

And Location \_\_\_\_\_

Diploma/Degree \_\_\_\_\_ Date 

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Describe Course of Study \_\_\_\_\_

Describe any specialized training/skills \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application \_\_\_\_\_

List any professional, trade, business, or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability, or other protected status. \_\_\_\_\_

**REFERENCES**

Give name, address and telephone number of three persons whom you have known for at least one (1) year. Please do not use relatives or previous employers/supervisors.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the military?  YES       NO

If YES, please describe \_\_\_\_\_

Military Branch \_\_\_\_\_ Rank \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation(s)?  YES       NO

## EMPLOYMENT HISTORY

Start with your present or last job and list all employment for the last 10 (ten) years. Explain all gaps in your employment, including periods of unemployment and self-employment. Attach additional sheets if necessary. Resumes may not be substituted for requested information.

Employer	Dates Employed To            From	DESCRIPTION OF DUTIES
Address	Hourly Rate/Salary Starting      Final	
Telephone Number		
Job Title	Supervisor	
Reason for Leaving <input type="checkbox"/> Layoff <input type="checkbox"/> Termination <input type="checkbox"/> Resignation		
Explain		

Employer	Dates Employed To            From	DESCRIPTION OF DUTIES
Address	Hourly Rate/Salary Starting      Final	
Telephone Number		
Job Title	Supervisor	
Reason for Leaving <input type="checkbox"/> Layoff <input type="checkbox"/> Termination <input type="checkbox"/> Resignation		
Explain		

Employer	Dates Employed To            From	DESCRIPTION OF DUTIES
Address	Hourly Rate/Salary Starting      Final	
Telephone Number		
Job Title	Supervisor	
Reason for Leaving <input type="checkbox"/> Layoff <input type="checkbox"/> Termination <input type="checkbox"/> Resignation		
Explain		

If you need additional space, please continue of a separate sheet of paper.

## CERTIFICATION AND AGREEMENT

READ CAREFULLY BEFORE SIGNING

I UNDERSTAND AND AGREE THAT:

1. Any misrepresentation or omission of facts in my application or any attachments to my application may result in refusal of employment or if employed, termination from employment.
2. It is my understanding that the Company will make a thorough investigation of my work, educational, and personal history and may verify all data given in my application, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Company, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may result in refusal of employment or if employed, termination from employment.
3. I understand and agree that any person authorized by the Company can at any time request that I submit to a search of my person, purses, packages in my possession, or any locker, desk, or files that may be assigned to me. I understand that my refusal to submit to such a search may result in termination. I hereby waive all claims for damages resulting from such examination.
4. I understand and agree that I may be required to take a physical examination, blood, urine, and/or hair test at my expense or at Company expense, at any time to determine if I am alcohol or drug free and physically fit for the job I am responsible to perform. Failure to submit to such testing may result in termination. I authorize any physician, including my personal physician, to release any information to the Company which may be necessary to determine my ability to perform my assigned duties.
5. I further understand that the Company can change wages, benefits, and/or working conditions at any time and that I may be required to work overtime or on weekends.
6. The Company may request an investigative consumer report, including information on my character, general reputation, personal characteristics, and mode of living, if applicable, pursuant to the Fair Credit Reporting Act. I have a right to request in writing disclosure of the nature and scope of the investigative consumer report requested by the Company.
7. I UNDERSTAND THAT THE COMPANY MAY, FROM TIME TO TIME, ESTABLISH RULES, REGULATIONS, POLICIES, AND/OR DISCIPLINARY PROCEDURES, SOME OF WHICH MAY BE REDUCED TO WRITING. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO ALL APPLICABLE RULES, REGULATIONS, POLICIES, AND/OR DISCIPLINARY PROCEDURES THEREOF. I UNDERSTAND THAT THOSE RULES, REGULATIONS, POLICIES, AND/OR DISCIPLINARY PROCEDURES ARE NOT INTENDED BY THE COMPANY TO CREATE AN OBLIGATION OF CONTINUED EMPLOYMENT.
8. I UNDERSTAND THAT THIS DOCUMENT IS AN APPLICATION FOR EMPLOYMENT AND CONTINUED EMPLOYMENT IS NOT BEING OFFERED. **I HEREBY UNDERSTAND AND AGREE THAT MY EMPLOYMENT, BOTH DURING AND AFTER ANY INTRODUCTORY PERIOD, IS FOR AN INDEFINITE PERIOD, AND THAT NOTHING IN THIS APPLICATION OR ANY OTHER COMPANY DOCUMENT SHALL BE DEEMED TO CREATE ANY CONTRACT OF CONTINUED EMPLOYMENT BETWEEN ME AND THE COMPANY.** I FURTHER UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT WILL AT ANY TIME BY MYSELF OR THE COMPANY FOR ANY OR NO CAUSE. I UNDERSTAND THAT EMPLOYMENT BEYOND ANY INTRODUCTORY PERIOD OR EMPLOYMENT FOR A NUMBER OF YEARS SHALL NOT RESULT IN ANY HEIGHTENED EXPECTATION OF CONTINUED EMPLOYMENT. I UNDERSTAND AND AGREE THAT ANY STATEMENTS TO THE CONTRARY, WHETHER ORAL OR WRITTEN, ARE EXPRESSLY DISAVOWED AND ARE NOT TO BE RELIED UPON BY ME. I FURTHER UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING EXCEPT IN A WRITTEN DOCUMENT SIGNED BY THE PRESIDENT OF THE COMPANY.

Applicant's Signature \_\_\_\_\_ Date 


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HR Representative \_\_\_\_\_ Date 


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