

APPLICATION FOR EMPLOYMENT

DATE: _____

PERSONAL INFORMATION

Last Name		First Name		Middle Initial	
Address			City	State	Zip
Home Phone	Cell Phone		E-Mail		

DESIRED EMPLOYMENT

Position Applying For	Date You Can Start Work	Are you authorized to accept employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Proof required upon being hired)
Are you available to work every day of the week? Yes <input type="checkbox"/> No <input type="checkbox"/>	Check the shifts you can work: Days <input checked="" type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating <input type="checkbox"/>	(We will attempt to reasonably accommodate employees who require certain hours or days off, because of religious beliefs or practices.)

EQUAL EMPLOYMENT OPPORTUNITY: It is our policy to seek and employ the best qualified personnel and to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on-the-job injuries, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of the business.

EDUCATION

Level Attained	Name & Location	# of Years Attended	Did You Graduate? If yes, indicate date	Subjects Studied
High School				
College				
Trade or Business School				

EMPLOYMENT HISTORY

Please account for ALL periods of employment, including any self-employment, other fields of endeavor and U.S. Military service. Please request additional sheets if necessary.

We intend to contact your previous employer(s) unless you indicate that you would prefer we not do so.

Company Name			Supervisor		Position	
Address				May we contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
City	State	Zip	Phone Number		Hire Date	Date Left
Duties				Starting Salary		Ending Salary
Reason for Leaving						

Company Name			Supervisor		Position	
Address				May we contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
City	State	Zip	Phone Number		Hire Date	Date Left
Duties				Starting Salary		Ending Salary

Reason for Leaving

Company Name			Supervisor		Position	
Address					May we contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City	State	Zip	Phone Number		Hire Date	Date Left
Duties					Starting Salary	Ending Salary
Reason for Leaving						

Company Name			Supervisor		Position	
Address					May we contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City	State	Zip	Phone Number		Hire Date	Date Left
Duties					Starting Salary	Ending Salary
Reason for Leaving						

Company Name			Supervisor		Position	
Address					May we contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City	State	Zip	Phone Number		Hire Date	Date Left
Duties					Starting Salary	Ending Salary
Reason for Leaving						

Company Name			Supervisor		Position	
Address					May we contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City	State	Zip	Phone Number		Hire Date	Date Left
Duties					Starting Salary	Ending Salary
Reason for Leaving						

GENERAL

Do you have a valid Driver's License? Yes No Driver's License No.:

Do you have a current first-aid card? Yes No

Criminal Record: (Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.)

(CALIFORNIA APPLICANTS: Do not list any conviction for which the date of conviction or prison release, whichever is more recent, is more than seven years old.) Have you been CONVICTED, plead GUILTY, or NO CONTEST or FOREFEITED BOND OR BAIL for any crime other than traffic violations? Yes No If yes, give details:

Driving Positions: Have you ever been CONVICTED, PLEAD GUILTY, NO CONTEST or FOREFEITED BOND or BAIL for any traffic violation in the past three years? Yes No If yes, give details:

VERIFICATION AND SIGNATURE

1. I authorize the investigation of all matters which the Company deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons (such as former supervisors) or employers supplying it. I also release you from all liability which might result from making the investigation.

2. I certify that the facts and information in this application in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered.

3. I understand that I may be required to submit to employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing at the Company's expense. I authorize release of the results to the Company and their use to evaluate my suitability for employment. I also release the Company from all liability arising out of or connected with any examinations, inquiries and/or testing.

4. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in an employment contract. I also understand that Stan Palmer is the only person who will ever have the authority to agree to any other terms and/or to enter into such contracts and that all such agreements for other terms of employment or contracts must be in writing and signed by both parties. I also understand that unless otherwise stated in an employment contract, the Company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

5. This original application for employment will only be considered for 30 days.

6. I have read each of these statements. I have also reviewed all of the information provided in this application and in any supporting documents.

Yes No

Signature

Electronic applications do not require a signature. When submitted electronically, you are confirming that all information is true and complete.