EMPLOYMENT APPLICATION

(page 1 of 2)

NAME (first, middle, last):	
ADDRESS:	
CITY,STATE,ZIP:	

HOME PHONE:	EMAIL ADDRESS:
CELL PHONE:	BIRTH DAY (not including year):

VALID DRIVER'S LICENSE (*REQUIRED*) _____ Y or N	DRIVER'S LICENSE TYPE: OPERATORS _____ CHAUFFERS _____ CDL _____
DRIVER'S LICENSE NO. _____	DO YOU HAVE A MEDICAL CARD (MDOT)? _____ Y or N

EDUCATION

	NAME	CITY,STATE	DEGREE	DATES ENROLLED
HIGH SCHOOL				
COLLEGE				
TRADE OR VOTECH				
MILITARY				
OTHER				

WORK EXPERIENCE (MOST RECENT FIRST)

EMPLOYER NAME	ADDRESS		START DATE	END DATE
PHONE:	WAGE:		ROLE:	
REASON FOR LEAVING:				

EMPLOYER NAME	ADDRESS		START DATE	LEAVE DATE
PHONE:	WAGE:		ROLE:	
REASON FOR LEAVING:				

CERTIFICATIONS:
SKILLS/ABILITIES

REFERENCES (NO RELATIVES PLEASE)

NAME: _____   NAME: _____

ADDRESS: _____   ADDRESS: _____

OCCUPATION: _____ PHONE: _____   OCCUPATION: _____ PHONE: _____

GENERAL:
DATE AVAILABLE FOR WORK _____   EXPECT MY STARTING WAGE TO BE _____

DO YOU HAVE YOUR OWN VEHICLE?
      YES _____ NO _____

IN LAST SEVEN (7) YEARS, HAVE YOU BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE (DUI)?
      YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?
      YES _____ NO _____

"The Equal Employment Opportunity Commission (EEOC) has issued guidelines setting forth the Commission's interpretation regarding sexual harassment as a violation of Title VII of the Civil Rights Acts of 1964. These guidelines are consistent with our longstanding policy that conduct creating an intimidating, hostile or offensive working environment will not be tolerated and those violating this practice may be subject to disciplinary action up to and including discharge. Any employee who feels that he or she is being subjected to sexual or racial harassment, is urged to immediately contact the employee relations department."

I understand and agree that:
1.)   Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, of, or if employed, termination from employment.
2.)   It is my understanding that the company will make a through investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of 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 prevent my being hired or if hired, may subject me to immediate dismissal.
3.)   I agree that my employment may be terminated by this Company at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to subject to search of my person or of any locker that may be assigned to me and I hereby waive all claims for damages on account of such examination. I understand and agree that I may be required to take a physical examination, at company expense, at any time to determine if I am physically fit for the job I am to perform, and, I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the company.
4.)   Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits and conditions at any time.

I have read and understand the above.

SIGNATURE: _____ DATE: _____