



PLEASE PRINT: "see resume" is not permissible.

EDUCATION	SCHOOL NAME	CITY, STATE, ZIP CODE	MAJOR/MINOR	DATES ATTENDED	DEGREE
	HIGH SCHOOL/GENERAL EDUCATION DEVELOPMENT INSTITUTION			NOT REQUIRED	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> NONE
	UNDERGRADUATE COLLEGE				
	GRADUATE COLLEGE				
	PROFESSIONAL TRADE, BUSINESS, TECHNICAL, OR OTHER				
Describe any other job-related training received in the United States Military, military services from other countries, or other job-related skills, certificates, licenses and other qualifications acquired from employment or other experience.					
List academic, professional, trade, business or civic activities and offices held. You may exclude memberships which may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.					

REFERENCES	PERSONS FAMILIAR WITH YOUR WORK OR ACADEMIC BACKGROUND. PLEASE LIST THREE EXCLUDING FORMER SUPERVISORS.			
	NAME	POSITION AND COMPANY	EMAIL ADDRESS	TELEPHONE NUMBER
				( )
				( )
			( )	

EMPLOYMENT DATA	LAST TWO EMPLOYERS BEGINNING WITH PRESENT OR MOST RECENT		
	NAME AND ADDRESS OF CURRENT OR LAST EMPLOYER <i>(include street address, city &amp; state, and zip code)</i>	TELEPHONE ( )	SUPERVISOR NAME AND TITLE
		EMPLOYED FROM MO/YR	EMPLOYED TO MO/YR
	POSITION(S) HELD:	LIKES	DISLIKES
	WORK PERFORMED:	REASON FOR LEAVING	
	If still employed, may we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	NAME AND ADDRESS OF EMPLOYER <i>(include street address, city &amp; state, and zip code)</i>	TELEPHONE ( )	SUPERVISOR NAME AND TITLE
		EMPLOYED FROM MO/YR	EMPLOYED TO MO/YR
	POSITION(S) HELD:	LIKES	DISLIKES
	WORK PERFORMED:	REASON FOR LEAVING	

PROFESSIONAL LICENSE	PLEASE LIST ALL PROFESSIONAL LICENSES YOU HOLD				
	TYPE OF LICENSE	STATE	LICENSE NUMBER	NAME ON LICENSE	IS YOUR LICENSE IN GOOD STANDING?

NOTICE AND ACKNOWLEDGEMENT CONCERNING DRUG-TESTING POLICY

This is to inform you that the Company will conduct testing where permitted to identify job applicants who may be using illegal drugs and current employees who may be under the influence of illegal drugs and/or alcohol in the workplace. You have the right to refuse to undergo testing. However, an applicant's refusal to undergo testing will result in the termination of the pre-employment selection process, and an associate's refusal to undergo testing will result in disciplinary action up to and including discharge. An applicant who fails a test will not be hired and an associate who fails a test will be subject to disciplinary action up to and including discharge.

Acknowledgement: I have read and understand the above written notice.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

READ THOROUGHLY BEFORE SIGNING

I certify that all information contained in this Application for Employment is true and complete. Any incorrect or misleading statement(s) will render this application void. I understand that this application will remain in effect for 90 days from the date it is submitted. I must renew my application to be considered for other job openings after 90 days. I understand that completion of this application does not constitute an offer or promise of employment. I authorize the Company to contact my References and understand that, as a condition of employment, the Company will require successful completion of a background check that complies with the Company's pre-employment screening policies.

I understand that the company carries auto insurance that lists certain employees if their job duties requires them to drive company vehicles. I understand that unless my background is acceptable to the insurance company, the Company may be unable to offer me employment in any position for which such insurance is required.

In the event of my appointment to a position, I shall comply with all company policies and procedures. It is understood and agreed that any misrepresentation, omission or false statement that I make in this application will be sufficient cause for the Company to withdraw an offer of employment and/or terminate my employment, regardless of when the misrepresentation, omission or false statement is discovered.

If hired, I will be an At-Will employee and understand that my employment can be terminated by either party at any time with or without cause or notice.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE