



APPLICATION FOR EMPLOYMENT

This application must be completed in its entirety. Please type or print legibly.

PERSONAL INFORMATION

Today's Date: _____

Name: _____ Social Security # _____
First Middle Last

Current Address: _____ City/State _____ Zip _____

If you have been at your current address less than 24 months, please list your previous address:

Previous Address: _____ City/State _____ Zip _____

Phone Home: (____) _____ - _____ Phone Cell: (____) _____ - _____ Phone Other: (____) _____ - _____

Email Address: _____

Driver's License Number: _____ State Issued: _____ Class: _____

Have you ever used any other name(s) which is (are) necessary for us to know to enable us to verify your employment or educational record? *If yes, please specify.* _____

EMPLOYMENT

Type of Position Desired: _____ Gross Annual Salary Desired: _____

If offered a position, when would you be available to start work? _____

Have you ever applied with us before? Yes / No *If yes, when?* _____

For What Position? _____

List any relatives currently employed by this organization: _____

Do you have unrestricted right to accept employment in the United States? Yes No

Will you need to petition for continued work authorization in the future? Yes No

Will you be able to perform the essential functions of the job applied for with or without a reasonable accommodation: Yes No

EDUCATION

Name & Location of School	# of Years	Did you graduate?	Degree received

Special Skills / Additional Information

Please list any special skills or additional information that relate to your ability to perform the job for which you have applied, such as licenses or professional memberships.



COMPLETE EMPLOYMENT RECORD (Start with most recent, please provide details of your previous employers, even if listed on your resume. Use additional pages if necessary to disclose all previous employment.)

Current Employer _____ Dates: _____
 Mo/Yr to Mo/Yr

Address: _____

Supervisor Name & Title: _____

Phone: (____) _____ - _____ Reason for Leaving: _____

Job Title: _____ Pay Rate: _____

Duties: _____

Previous Employer _____ Dates: _____
 Mo/Yr to Mo/Yr

Address: _____

Supervisor Name & Title: _____

Phone: (____) _____ - _____ Reason for Leaving: _____

Job Title: _____ Pay Rate: _____

Duties: _____

Previous Employer _____ Dates: _____
 Mo/Yr to Mo/Yr

Address: _____

Supervisor Name & Title: _____

Phone: (____) _____ - _____ Reason for Leaving: _____

Job Title: _____ Pay Rate: _____

Duties: _____

Have you ever been discharged or permitted to resign in lieu of discharge from any employment? Yes No

If you answered "Yes" to the previous question, please explain: _____

Have you ever been convicted of a felony? Yes No

If you answered "Yes" to the previous question, please explain: _____



List at least three technical or business references from individuals familiar with your work ability.

NAME	PHONE NUMBER	EMAIL ADDRESS

APPLICANT'S STATEMENT (Read the following very carefully before you sign this application. Your signature confirms that you have read and understand the following.)

I represent and warrant that I am not subject to any contract or agreement that would prevent me from working for the Company, including any non-compete agreement or covenant not to compete.

I understand and acknowledge that nothing contained in this application or in any other document authored by or provided by the Company is intended to or will create a promise to employ, an employment contract or any other type of contract between myself and the Company. I further understand and acknowledge that no verbal statement, including verbal statements made during any interview that may be granted, is intended to or will create a promise to employ, an employment contract or any other type of contract between myself and the Company.

I understand and acknowledge that if I am employed by the Company, my employment is at-will and for no definite or determinable time period and may be terminated at any time, with or without prior notice or cause, by either myself or the Company and affiliated companies. No one other than the Chief Operating Officer (COO) has the authority to change the at-will nature of employment with the Company and COO may do so only in a writing that is signed by both the COO and myself. No other document can alter the at-will nature of employment with the Company. Similarly, no verbal statement or promise can alter the at-will nature of employment with the Company.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. I understand that federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of sixty days. After that time, if I wish to be considered for employment, I must submit a new application.

I certify that all the statements herein are true and understand that any falsification, misrepresentation, or willful omission shall be sufficient cause to refuse offer of employment or constitute grounds for dismissal at any time during my employment. I voluntarily and knowingly authorize investigation of any information presented.

Signature: _____ Date: _____

The Company and its affiliates are an Equal Opportunity Employer.



DISCLOSURE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION AND RELEASE

I hereby authorize The Company ("Company Name" or "Company") and/or any entity directed by Company to conduct a reference check and to obtain an investigative consumer report and/or consumer credit report for employment purposes, including, in connection with, my application for employment or continued employment.

An "investigative consumer report" includes any information as to your character, general reputation, personal characteristics or mode of living. A "consumer credit report" includes any information regarding your credit worthiness, credit standing or credit capacity. The specific nature and scope of the investigative consumer report may include inquiries regarding educational background; work history; personal financial status and credit history; workers compensation claims; court records, including criminal conviction records as permitted by law; driving history; verification of Social Security Number; and references obtained from professional and personal associates.

I further understand and agree that an investigative consumer report and/or consumer credit report may be obtained at any time, and any number of times, as the Company in its sole discretion determines it is necessary before, during or after my employment. I understand that I may request a copy of the investigative consumer report provided to Company. I acknowledge receipt of the attached summary of rights regarding an investigative consumer reporting agency's obligations pursuant to the Fair Credit Reporting Act.

I hereby authorize all previous employers, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to Company or other entity that obtains information for Company. I further fully release Company, its employees, officers, directors, agents, successors and assigns, and all other parties involved in this background investigation, including, but not limited to, investigators, credit agencies and those companies or individuals who provide information to Company concerning me from any claims or actions for liability whatsoever related to the process or results of the background investigation.

I understand that an offer of employment is contingent upon the outcome of my background check, and that this Disclosure and Authorization is not an offer for employment by company or a contract for employment with Company. I further understand Company operates under an AT-WILL EMPLOYMENT POLICY and this Authorization does not alter or affect that policy in any manner whatsoever.

PRINT APPLICANT'S NAME: _____

DATE: _____ SIGNATURE: _____

Required Information

NAME: _____
(EXACTLY AS IT IS ON SOCIAL SECURITY CARD)

STREET: _____

CITY/STATE/ZIP: _____

COUNTY / PARISH: _____ TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVER LICENSE NUMBER: _____ STATE LICENSED: _____