

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE - EQUAL OPPORTUNITY EMPLOYER

Date _____

| | | | |
|------------------|--|----------------|----------------|
| Position Desired | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Salary Desired | Available Date |
|------------------|--|----------------|----------------|

WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that this application will be given every consideration, but is not a promise of employment.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a medical examination, including a drug/alcohol test, prior to employment and at any time during my employment, to the extent permitted by law. I also understand that I may be required to take other tests, such as personality and honesty tests, prior to employment and during my employment.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends and others with whom I am acquainted or know me. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records pertinent to my employment with them. In addition to authorizing the release of any information regarding employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liabilities, claims or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

Signature of Applicant

PERSONAL DATA (Please Print)

| | | | | |
|---|------------|----------------|--|-----------------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | SOCIAL SECURITY NUMBER | HOME TELEPHONE NUMBER |
| PRESENT ADDRESS | | | | |
| CITY | STATE | ZIP | HOW LONG HAVE YOU LIVED AT THIS ADDRESS? | |
| PREVIOUS ADDRESS (IF LESS THAN 5 YEARS) | | | | |
| CITY | STATE | ZIP | HOW LONG HAVE YOU LIVED AT THIS ADDRESS? | |
| WHO REFERRED YOU TO THIS COMPANY? | | | | |
| <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER (DESCRIBE) | | | | |

Are you 18 years of age or older? Yes No

Have you ever worked for this Company before? Yes No If yes, please give dates and position: _____

Do you have any friends or relatives working here? Yes No If yes, Name: _____ Relationship: _____

Do you have means of transportation that will allow you to consistently arrive at work on time? Yes No

If a driver's license is required for the SPECIFIC position for which you are applying, do you have a valid driver's license? Yes No License No. _____ State Issued _____ Exp. Date _____

Have you been found guilty of a traffic violation of any kind within the last FIVE years? Yes No If yes, please give dates and details: _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No If yes, give date and details of each: _____

NOTE: Answering "yes" to this question does not constitute an automatic bar to employment.

Employment History

Please list the names of your previous employers in chronological order with present or last employers listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

| | | | | |
|-----------------------|---------------------------------------|----|-------------------------|--------------------|
| Employer | Employment From (Mo/Yr) To (Mo/Yr) | | Your Title or Position | Reason for Leaving |
| Address | | | | |
| City, State, Zip Code | Pay Starting Current | | Name of Last Supervisor | |
| Telephone () | \$ | \$ | | |

| | | | | |
|-----------------------|---------------------------------------|----|-------------------------|--------------------|
| Employer | Employment From (Mo/Yr) To (Mo/Yr) | | Your Title or Position | Reason for Leaving |
| Address | | | | |
| City, State, Zip Code | Pay Starting Ending | | Name of Last Supervisor | |
| Telephone () | \$ | \$ | | |

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| Telephone () | \$ | \$ | | |

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| City, State, Zip Code | Pay Starting Ending | | Name of Last Supervisor | |
| Telephone () | \$ | \$ | | |

Have you ever been terminated or asked to resign from any job? Yes No If yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No If no, please explain: _____

| Educational Background | | | | | | | | | | | | | | | | | |
|--|------------|---|---|---|-------------|---|----|----|--------------------|---|---|---|-----------------------|---|---|---|---|
| | Elementary | | | | High School | | | | College/University | | | | Graduate/Professional | | | | |
| School Name | | | | | | | | | | | | | | | | | |
| Years Completed: | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Diploma/Degree | | | | | | | | | | | | | | | | | |
| Describe Course of Study or Major | | | | | | | | | | | | | | | | | |
| Describe Specialized Training, Military Experience, Special Skills and Extracurricular Activities, Honors and Awards | | | | | | | | | | | | | | | | | |
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GENERAL INFORMATION (For additional information use a separate sheet)

List all computer programs in which you are proficient: _____

Are you available for work on weekends or evenings if necessary? Yes No

Are you willing to work overtime if required? Yes No

Are you capable of completely performing the SPECIFIC job duties of the position for which you are applying? Yes No

Can you meet the SPECIFIC attendance requirements of the job for which you are applying? Yes No

Do you currently use illegal drugs? Yes No

Have you illegally used drugs in the last two years? Yes No

Have you ever been convicted for the use, sale, or possession of illegal drugs? Yes No

Have you ever failed a pre-employment drug screen? Yes No

Have you submitted any letters of recommendation you may have from previous employers? Yes No

Additional comments concerning above information: _____

Emergency Information

In case of an accident or other emergency, who should we contact?

Name: _____ Relationship: _____

Home Address: _____ Street _____ City _____ State _____ Zip _____ Phone: _____

Alternate Phone: _____ Type of Phone _____ Employer: _____

