



CERTAIN POSITIONS WITHIN THE COMPANY REQUIRE USE OF A CAR OR OTHER MOTORIZED VEHICLE. IF USE OF SUCH A VEHICLE WERE REQUIRED IN THE JOB FOR WHICH YOU ARE APPLYING:

- Do you have a valid Driver's License?  Yes  No If no, can you obtain one? \_\_\_\_\_
- Do you have access to a car or other motorized vehicle?  Yes  No

YOUR DRIVING RECORD WILL BE CHECKED IF YOU DRIVE A COMPANY VEHICLE.

Driver License Number: \_\_\_\_\_

**EDUCATION:**

High School: \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Trade or College: \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Degree(s) \_\_\_\_\_ Major: \_\_\_\_\_  
Certification(s): \_\_\_\_\_

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**EMPLOYMENT HISTORY: (start with most recent employer)**

Company \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Dates worked from: \_\_\_\_\_ To: \_\_\_\_\_  
Salary/Wage: \_\_\_\_\_ per \_\_\_\_\_ (hour/week/month/year)  
Still employed?  Yes  No May we contact this employer?  Yes  No  
Supervisor's name: \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Company \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Dates worked from: \_\_\_\_\_ To: \_\_\_\_\_  
Salary/Wage: \_\_\_\_\_ per \_\_\_\_\_ (hour/week/month/year)  
Still employed?  Yes  No May we contact this employer?  Yes  No  
Supervisor's name: \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Company \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Dates worked from: \_\_\_\_\_ To: \_\_\_\_\_  
Salary/Wage: \_\_\_\_\_ per \_\_\_\_\_ (hour/week/month/year)  
Still employed?  Yes  No May we contact this employer?  Yes  No  
Supervisor's name: \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

DURING THE PAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO OR PLED NO CONTEST TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS?  YES  NO  
IF YES, EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE:**

Have you served in the military?  Yes  No

Branch? \_\_\_\_\_ Service Dates? \_\_\_\_\_

**AGREEMENT**  
**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED**

I hereby certify that I have read and fully completed this application and that the facts set forth in this employment application (and accompanying resume, if applicable) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification or information or omission of information during the employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal. I further certify that I am a true and bona fide job applicant, honestly interested in working in the position(s) for which I have applied, and am seeking employment with this company solely to provide me with benefits of a job and for no other purpose.

I understand that in connection with my application for employment an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics and standard of living. I understand that I have the right to make a written request within a reasonable period of time for information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

I acknowledge that the Company reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between this Company and its employees. At this Company, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and this Company retains the same rights. I further understand and agree that the Director of this company is the only person who may make an exception to this, including the at-will status of my employment, and it must be in writing and duly executed by the Director of this company.

If applicable to my employment, I have read and understood the notice regarding polygraph tests and my rights under this state's law.

If applicable to my employment, I am willing to have a background check and submit it for employment with this company.

**AUTHORIZATION TO RELEASE INFORMATION:** I authorize the references and/or employers listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to you. I agree and understand that the Company and its agents may investigate or seek information concerning my background and/or previous employment, whether of record or not. I further agree and understand that if employed, the Company may at any time seek any information from whatever source, which in its discretion, it deems relevant to my employment.

**NO DRUG USE POLICY:** This company does not hire persons who use illegal drugs. All persons seeking employment or employed with this company may be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated by the company, and further consent to have the specimen tested at a laboratory selected by the company. I hereby certify that I (check one) do \_\_\_\_ or do not \_\_\_\_ use illegal drugs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING PROCUREMENT OF CONSUMER REPORT**

In connection with your application for employment and as part of the process of considering your candidacy as an employee, we may procure or cause to be procured, a consumer report on you. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

DATE OF BIRTH IS REQUIRED AS AN IDENTIFIER TO REQUEST CRIMINAL RECORDS ONLY. WE DO NOT DISCRIMINATE BASED ON AGE.