

AN EQUAL OPPORTUNITY EMPLOYER



PERSONAL INFORMATION	Today's Date		Location Applying at:		How did you hear about this position?		Social Security Number -- --					
	Name (Last, First, Middle)											
	Permanent Address (Street, City, State)				Zip Code		Phone Number:					
	Present Address (Street, City, State) (if different from above)				Zip Code		Phone Number:					
	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of, plead guilty to, or received deferred adjudication of a crime (other than a minor traffic violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Do you have any relatives employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name: _____				If yes, please explain, including relevant dates: <i>Conviction does not automatically disqualify you from employment. All circumstances will be considered.</i>							
	Relationship:											
	Have you ever applied at our company before? <input type="checkbox"/> Yes <input type="checkbox"/> No				If previously employed by our company, please give company name, position, and dates of employment below.							
	If Yes, when?											
	ALL OFFERS OF EMPLOYMENT ARE CONDITIONED UPON THE RIGHT TO WORK IN THE UNITED STATES AND PROOF OF SUCH RIGHT WILL BE REQUIRED WITHIN THREE (3) WORKING DAYS FROM WHEN YOUR EMPLOYMENT BEGINS.											
JOB INTERESTS	Position Desired:			Have you been provided with a job description for the position desired? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, please answer the following:								
	Date available for work:		Hourly Rate desired:		Can you perform the essential functions of this job? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, how would you perform the tasks, and with what accommodation?							
	Are you available for work: (Please check if "YES")			<input type="checkbox"/> Full Time <input type="checkbox"/> Temporary		<input type="checkbox"/> Day <input type="checkbox"/> Night		<input type="checkbox"/>				
			<input type="checkbox"/> Part Time <input type="checkbox"/> Overtime, if required		<input type="checkbox"/> Evening <input type="checkbox"/> Week Ends		<input type="checkbox"/>					
PERSONAL INFORMATION	SCHOOL		NAME		LOCATION		DATES ATTENDED		GRADUATE		COURSE OR MAJOR	
							FROM TO		YES NO			
	High School											
	College											
	Military/ Other											
Please list any other information you think would be helpful in considering you for employment												

If employers listed represents less than the last 10 years, please attach a second page.

Employment Information	Name of Employer			Telephone
	Address – Street		City, State and Zip	Immediate Supervisor
	Employment Dates (Month and Year) From: _____ To: _____		Title of Position	Starting Salary: \$ _____ Ending Salary: \$ _____
	Description of Duties:		Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Employer			Telephone
	Address – Street		City, State and Zip	Immediate Supervisor
	Employment Dates (Month and Year) From: _____ To: _____		Title of Position	Starting Salary: \$ _____ Ending Salary: \$ _____
	Description of Duties:		Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Employer			Telephone
	Address – Street		City, State and Zip	Immediate Supervisor
Employment Dates (Month and Year) From: _____ To: _____		Title of Position	Starting Salary: \$ _____ Ending Salary: \$ _____	
Description of Duties:		Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer			Telephone	
Address – Street		City, State and Zip	Immediate Supervisor	
Employment Dates (Month and Year) From: _____ To: _____		Title of Position	Starting Salary: \$ _____ Ending Salary: \$ _____	
Description of Duties:		Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDITIONAL COMMENTS:				
References	Please provide three professional references:			
	1. Name: _____		Phone Number: _____	
	2. Name: _____		Phone Number: _____	
	3. Name: _____		Phone Number: _____	

Applicant Name: _____

AGREEMENT (This is a Binding Legal Agreement)
PLEASE READ CAREFULLY BEFORE SIGNING

I AGREE AND UNDERSTAND THAT IF I AM EMPLOYED, MY EMPLOYMENT WILL BE "AT WILL" AND THAT THE EMPLOYMENT RELATIONSHIP MAY BE TERMINATED AT ANY TIME AND FOR ANY REASON, BY EITHER THE COMPANY OR BY ME. I FURTHER UNDERSTAND THAT IF I AM EMPLOYED, MY EMPLOYMENT WILL BE FOR AN INDEFINITE DURATION AND THAT I DO NOT HAVE AN EMPLOYMENT CONTRACT WITH THE COMPANY. I ALSO UNDERSTAND THAT NO EMPLOYEE OF THE COMPANY IS AUTHORIZED TO MODIFY THE "AT WILL" NATURE OF MY EMPLOYMENT UNLESS DONE SO IN WRITING AND EXECUTED BY THE COMPANY PRESIDENT.

I understand that my application for employment will be kept in the active file for six (6) months. I also understand that if I am not hired during this period, I must update or submit a new application form.

I certify that the information contained in this application is true and correct. I agree that ANY MISREPRESENTATION OR OMISSION of fact is sufficient cause for rejection or immediate dismissal, regardless of when the Company may discover such fact.

I understand and agree that all information in this application may be verified by the Company. I authorize all organizations to give the Company the information requested. I release these individuals and organizations from all liability for any claim or damage resulting therefrom.

I understand that employment by the Company may be conditional upon my passing a physical examination and drug screen, if required. I agree to submit to a physical examination and drug screen prior to my employment. I also agree to submit to additional physical examination or drug screen during the course of my employment when requested. The examinations will be performed by doctors chosen and paid for by the Company. I also authorize the doctors to send the results of my physical examination and drug screen to the Company.

I understand that, if employed by the Company, I may be required to furnish proof of age, and that I may also be required to sign certain standard employment agreements regarding ownership of inventions, conflicts of interest and confidentiality.

I understand that any offer of employment will be expressly contingent upon my ability to prove that I am lawfully authorized to work in the U.S., as required by the Immigration Reform and Control Act of 1986 ("IRCA").

I agree and understand that my refusal to sign this agreement would eliminate me from consideration for employment by the Company.

If employed, I agree to abide by and observe all Company rules and regulations.

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT THE SAME AS CONDITIONS OF MY EMPLOYMENT BY THIS COMPANY.

Signature of Applicant

Date of Application