

EMPLOYMENT:

Company Name _____	Telephone _____
Address _____	Employment – (Month & Year) From _____ To _____
Name of Supervisor _____	Weekly Pay _____
State Job Title and Describe Your Work _____	Start _____ Last _____
_____	Reason for Leaving _____
_____	_____

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Address _____	Employment – (Month & Year) From _____ To _____
Name of Supervisor _____	Weekly Pay _____
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_____	_____

DO NOT CONTACT

We may contact the employers listed Above unless you indicate those you Do not want us to contact. Employer Number(s) _____ Reason _____

OTHER EXPERIENCE: In completing the following, please exclude organizations of religious, racial, ethnic nature, or other organizations at your option

What positions of leadership or responsibility have you held in school, work, or elsewhere?

IN CASE OF EMERGENCY: Contact: _____ Relationship: _____
Phone Number: _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by the court? Yes No
If "yes", describe in full _____

State names of relatives and friends working for us or have worked for us in the past, other than your spouse. _____

What prompted you to apply:

Walk In Was recruited Special Program School
 Agency referral Other Employee referral Name: _____
 Advertising Source: _____ Date of publication: _____

As a candidate, you agree to and understand the following:

1. All personally identifiable information will be held in confidence and properly safeguarded, and the use of such information will be limited to valid business or legal requirements.
2. This company has a policy prohibiting the use of illegal drugs. By signing this application, you indicate your awareness that, in accordance with our policy, you may be required to take a drug test at any time. A positive test result may be sufficient to disqualify you for employment, if employed, may result in your dismissal.
3. You must meet minimum age requirements of applicable laws.
4. This company may conduct investigations, including verification of prior employment history and education. By signing this application, you authorize this company, or its agents, to make these investigations and you indicate your awareness that false statements or failure to disclose information may be sufficient to disqualify you from employment or, if employed, may result in your dismissal. Also, you authorized previous employers to release employment information including but not limited to: dates of employment, wages, raises, disciplinary actions, work habits, and rehire status.
5. If a job offer is made, you will be required by the Immigration Reform and Control Act of 1986 to verify your identity and eligibility to work in the United States.
6. This company adheres to state and local regulations regarding clean air in the work place. Smoking is not permitted in Company-owned buildings.
7. This company is an at-will employer. Neither this document, nor any other, is intended to be a contract of employment.
8. In addition to this application, there are certain other documents that the company will require you to sign as a condition of employment. Failure to sign may result in your dismissal.

Please provide your signature and the date below to indicate that you agree to and understand all the information contained in this application.

Candidate's Signature

Date

SIGNATURE:

The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

Date

Signature