



**EMPLOYMENT EXPERIENCE**

<b>Employer:</b>	<b>Dates of Employment:</b> Start: End:	<b>Position/ Work Performed:</b>
<b>Phone:</b>	<b>Address:</b>	
<b>Supervisor's Name:</b>	<b>Salary:</b> Start: End:	<b>Reason for Leaving:</b>
<b>May we contact this employer? ( ) Yes ( ) No</b> <i>If no, please explain:</i>		

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<b>Phone:</b>	<b>Address:</b>	
<b>Supervisor's Name:</b>	<b>Salary:</b> Start: End:	<b>Reason for Leaving:</b>
<b>May we contact this employer? ( ) Yes ( ) No</b> <i>If no, please explain:</i>		

Membership in Organizations/Professional groups which, in your opinion, have a direct bearing with the position you are applying for:

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Are you a veteran of the U.S. Military Service? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If yes, what branch of service? \_\_\_\_\_

If yes, beginning date and ending date of active duty: \_\_\_\_\_

Date of Discharge from Military Service: \_\_\_\_\_

Have you ever been dismissed or resigned from any employment? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If yes, please explain: \_\_\_\_\_

Are you presently employed? \_\_\_ **Yes** \_\_\_ **No**                      Are you on layoff and subject to recall? \_\_\_ **Yes** \_\_\_ **No**

Have you filed an application here before? \_\_\_ **Yes** \_\_\_ **No**                      Can you travel of the job requires it? \_\_\_\_\_ **Yes** \_\_\_ **No**

Do you have friends/relatives who work here? \_\_\_\_\_ **Yes** \_\_\_ **No**                      Will you work overtime if asked? \_\_\_ **Yes** \_\_\_ **No**

### CHARACTER REFERENCES

Print Full Name	Address and Telephone	Occupation

#### Notice to All Applicants

We comply with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regards to race, color, sex, religion, national origin, disability, or marital status. We assure you that your opportunity for employment depends solely upon your qualifications.

#### Please Read and Sign Below:

I understand that, if hired, I will be placed in a 90- day probationary period. I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by the Company with or without notice to me of such amendment, modification or deletion; that the policies and procedures are not intended to be contract of employment not do they give me the right of continued employment; and that my employment may be terminated at my option or at the option of the Company with or without notice by either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing and signed by the President of the Company.

I certify that all information given on this employment application, any resume that I submit to the Company, and any related papers and answers given during oral interviews are true and correct. I understand that the Company will make a thorough investigation of my work, criminal, and personal history. I authorize the giving and receiving pf any such information requested by the Company during the course of such an investigation. I understand that falsification of any information given by others during the course of an investigation or any derogatory information discovered as a result of this investigation may be subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_