

Have you been convicted of a felony? Yes No

(Conviction will not necessarily disqualify applicant from employment. The recency, severity, and pertinence of the conviction will all be considered).

If **YES**, please explain: _____

Are you a Veteran of the U.S. Military Service? Yes No

Do you have use of an automobile? Yes No

Not applicable to position applied for

Are you willing to travel? Yes No

EDUCATION

Please list education or specialized experience which relates to the position(s) for which you are applying. Exclude names or terms, which indicate, for example, race, color, religion, sex, disability or national origin.

	High School	College or Trade School	Graduate/Professional School
School Name:			
Location:			
Years completed:	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree:			
Course of Study:			

Describe additional training, internships, seminars and extracurricular activities:

Please list any additional licenses or special training that may apply to the position:

Please list, if any, any language(s) you are proficient in other than English.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names, which indicate, for example, race, color, religion, sex, disability or national origin.

May we contact your present employer? Yes No

Employer:		Title:	
Address:			
Phone Number: ()	Ext.	Dates Employed: From: To:	Hourly Rate/Salary: Start: End:
Supervisor's Name and Title:			
Nature of Duties:			
Reason for Leaving:			

Employer:		Title:	
Address:			
Phone Number: ()	Ext.	Dates Employed: From: To:	Hourly Rate/Salary: Start: End:
Supervisor's Name and Title:			
Nature of Duties:			
Reason for Leaving:			

Employer:		Title:	
Address:			
Phone Number: ()	Ext.	Dates Employed: From: To:	Hourly Rate/Salary: Start: End:
Supervisor's Name and Title:			
Nature of Duties:			
Reason for Leaving:			

State any additional information that would be helpful in considering your application:

REFERENCES

Please list three references that are not related to you, and preferably individuals who you have worked with:

(Please provide phone numbers where references can be reached during daytime hours.)

1.	_____	_____	_____
	Name	Address	Phone
2.	_____	_____	_____
	Name	Address	Phone
3.	_____	_____	_____
	Name	Address	Phone

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. The corporation may investigate all statements contained in this application, and I understand that any false or misleading information provided may result in my immediate discharge, if I am hired.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT BETWEEN MYSELF AND THE CORPORATION IS TERMINABLE-AT-WILL SO THAT BOTH THE CORPORATION AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY REASON OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.

I also understand that any offer of employment will be conditioned upon a drug test and background check as required by corporation policy. I understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the corporation to determine whether I can perform the job duties. In addition, I understand I authorize the corporation to make a thorough investigation of my past employment, education, and job-related activities and I release from all liability all persons, companies and corporations supplying such information. I also indemnify this corporation against any liability that may result from making such investigation.

Additionally, I authorize the corporation, in its discretion, to supply my employment record, in whole or in part, to any prospective employer, government agency or other party, with an interest that the company deems appropriate.

Signature of Applicant

Date

Pers-51, 07/10

