



Application for Employment

Name and Address Information			
Last Name:	First Name:	Middle Name:	
Present address:			
Street:	City:	State/Zip	Phone:
Permanent Address:			
Street:	City:	State/Zip	Phone:
Mobile/Other Phone #			
Work Eligibility Information			
Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment. The Immigration Reform and Control Act of 1986 requires employment eligibility of all new hires.			
No Person under the age of 18 shall be employed without a general or vacation employment certificate. Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have the right to remain and work permanently in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you furnish proof of age and that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Information			
Position Desired:	Pay Expected:	Date You Can Start:	
Check hours you are available to work. (Please check all that apply)			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Weekend
<input type="checkbox"/> Day Shift	<input type="checkbox"/> Evening Shift	<input type="checkbox"/> Night Shift	<input type="checkbox"/> Overtime
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on "layoff" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you expect to maintain your present business or employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: What are your current hours and days of work?		
Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state position, date, and reason for leaving:		
Have you ever applied to us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state position, date, and outcome of application:		
Do you have any relatives currently employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name:		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: Note: A 'yes' does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.		
Answer only if the statements apply to the position being sought:			

**IMPORTANT!
PLEASE READ BEFORE SIGNING**

COMPLETENESS AND ACCURACY OF INFORMATION

I represent that all of the information given by me in support of my application for employment is true and complete. I understand that any false, omitted or misleading information submitted during the application process will disqualify me from consideration for hire. If I have already been hired before the falsification or omission is discovered, my employment will be terminated. Information not specifically requested on the application will render the employment application unacceptable.

AUTHORIZATION FOR RELEASE OF INFORMATION AND RELEASE FROM LIABILITY

I acknowledge that a routine inquiry may be made which will provide applicable information concerning my character, general reputation, personal characteristics, and mode of living. I authorize you to verify and of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment records, criminal background, past employment, and education. In accordance with the Fair Credit Reporting Act (FCRA) and other applicable regulation, I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any investigation report that is made. I release you and them from liability as result of those inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding and may be relied upon.

NO WRITTEN, ORAL OR IMPLIED CONTRACTS

I understand that all employment with the Company is "at will". This means that just as an employee has the right to terminate the employment relationship at any time, with or without reason, the Company retains a similar right. I understand that any written company documents, or any oral statements made either during the application process or, if I am employed, after I am employed should not be relied upon by me as altering the general policy. I acknowledge that only the President of the Company has the authority to alter the at-will nature of employment, and then only by written contract specifically signed by the President of the Company.

APPLICATION ACKNOWLEDGEMENT

I ACKNOWLEDGE I HAVE READ AND UNDERSTAND ALL THE ABOVE ITEMS AND THAT I AGREE WITH THEM.

Name (please print):

Date:

Applicant Signature:

Substance Abuse Testing Release

No applicant will be considered for employment with the Company without signing this document.

I understand that by signing this document that it does not create any contract or binding agreement between the Company and myself. I further understand that if I am employed by the Company that my employment can be terminated by either myself or the Company at any time for any lawful reason, with or without notice.

The Company, is committed to maintaining a safe, healthy, and productive work environment free from the negative effects of drug and alcohol use. The Company will not tolerate any drug or alcohol use which could endanger the health and well-being of its employees or threaten its business operations.

The Company strictly prohibits the unauthorized and/or unlawful manufacture, distribution, dispensing, possession or use of a controlled substance or alcohol in all Company facilities, on all Company property, and in all vehicles on Company property or under Company control.

I hereby acknowledge that I have received a copy of the Company's Drug and Alcohol abuse/Use Policy. I have read and understand its contents. I understand I am subject to drug and/or alcohol testing as provided by the Policy. I understand that violations of the policy can result in disciplinary action, up to and including, termination of employment.

I also acknowledge that the provisions of the Policy are part of the terms and conditions of my employment and that I agree to abide by them. I have had the opportunity to have any questions concerning this policy answered to my satisfaction.

Pre-Employment Informed consent and release of Liability and Test Results.

I understand that according to the Policy, and in instances required by law, that I am required to submit a sample of my urine, blood, or breath for chemical analysis. I understand that a qualified testing laboratory will conduct this analysis.

The purpose of this analysis is to determine the absence or presence of drugs and/or alcohol.

I understand that offers of employments are strictly conditional, and contingent upon the successful completions of a screening for drugs or alcohol.

I consent freely and voluntarily to the Company's request for urine, blood, and/or breath specimens. I hereby release and hold harmless the Company and its employees and agents from any liability whatsoever arising from this request to furnish my specimens and the testing of my specimens.

I further authorize the release of the test result to the Company.

SUBSTANCE ABUSE TESTING RELEASE - APPLICATION ACKNOWLEDGEMENT	
I ACKNOWLEDGE I HAVE READ AND UNDERSTAND ALL THE ABOVE ITEMS AND THAT I AGREE WITH THEM.	
Name (please print):	Date:
Applicant Signature:	