



Were you ever discharged by any company? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give name of company and reason why: \_\_\_\_\_

If presently employed, may we contact your employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If presently employed, why do you wish to change jobs? \_\_\_\_\_

**ATTENDANCE**

How much time have you lost from work or school during each of the past THREE years?

YEAR	NO. OF DAYS	
YEAR	NO. OF DAYS	
YEAR	NO. OF DAYS	

Is there any reason you will miss work on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain \_\_\_\_\_

**GENERAL INFORMATION**

Have you ever been in the military service? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give dates: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Are you a Vietnam Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

HAVE YOU EVER: Been convicted of a crime or plead guilty to a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain below. A conviction or guilty plea will not necessarily bar employment, but may be considered insofar as it relates to the fitness to perform a particular job.

DATE (Mo. & Yr.)	Identify Law Enforcement Agency Involved Name of Agency – City and State	What were you charged with?	SENTENCE RECEIVED

Education	Name & Location of School	No. Years	Graduate?	Courses/Degrees
Elementary School			_____ Yes _____ No Date: _____	
High School			_____ Yes _____ No Date: _____	
College			_____ Yes _____ No Date: _____	
Trade, Business or other Training			_____ Yes _____ No Date: _____	

Special Skills or Aptitudes: \_\_\_\_\_

**PERSONAL REFERENCES**

(No former employers or relatives)

Name and Occupation	Address	Telephone

Persons hired in certain job classifications are required to undergo a post job offer physical examination, and all persons offered employment by the Company are required to undergo a drug screen before beginning work for the Company. Any offer of employment for these jobs is conditioned upon satisfactory completion of the physical examination and drug test. Are you willing to undergo a physical examination and drug test if you are offered employment with the Company?

Yes No \_\_\_\_\_

## APPLICANT'S AGREEMENT

(Read carefully before signing)

I promise that the information I gave in this employment application is true and complete. I understand that the Company may refuse to hire me or, if I am hired by the Company, may discharge me, if I gave false, misleading or incomplete information in this application.

I understand that, if I am offered employment by the Company, I may be required to undergo a physical examination and a drug screen before beginning work. The physical examination may include a complete medical history and will be used to evaluate whether I can perform the essential job duties of the job, with or without reasonable accommodation, and without posing a direct threat to my health or safety or to the health or safety of others. I understand that the offer of employment is conditioned upon the results and evaluation of the physical examination and drug screen. I also understand that **any misrepresentation, including an intentional failure to provide requested information, as to pre-existing physical or mental conditions may void a claim for workers' compensation benefits after I begin work.** I understand and agree that the Company may conduct or obtain a complete criminal records background check and personal background investigation to determine my qualifications and suitability for employment. I understand that any offer of employment is conditioned upon the results of criminal background check and the background information obtained. A criminal conviction or guilty plea will not necessarily bar employment but may be considered based on the age of the guilty plea or conviction and whether it bears on the job duties of the particular job.

I authorize each person, school and former employer identified in this employment application to provide the Company with any information the Company may request, I consent to the disclosure of this information and I authorize the Company to obtain this information. I consent to the release of all such information to the Company, and I release each such person, school or employer from any liability or damage related in any way to the furnishing of such information to the Company. I release the Company and its employees or representatives from any liability or damage related in any way to the Company's solicitation or receipt of such information.

**I understand that, if I am hired by the Company, my employment is "at-will." The Company can terminate my employment at any time and for any reason the Company deems sufficient, with or without prior notice. I understand that, except by written agreement signed by the President of the Company, no manager, supervisor, employee or other Company representative has any authority (i) to promise employment for a particular length of time, or (ii) to make any other promises or other representations about my continued employment with the Company.**

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Date

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Signature of Applicant