EMPLOYMENT APPLICATION

We provide equal employment opportunity without regard to race, color, religion, sex (including pregnancy, childbirth and related medical conditions), national origin, age (40 or older), citizenship, military obligations, or genetic information. We provide equal employment opportunities for individuals with disabilities who are qualified for the job applied for and who can perform the essential job duties with or without reasonable accommodation and without posing a direct threat to the health or safety of individuals or others.

Applications are accepted only if the Company is seeking to fill an available job. Applications remain active for thirty days. If a new job opening becomes available more than thirty days after the application date, you must reapply.

and the state of the special state, yet made supply.			Date					
LASTNAME	FIRST	MIDDLE						
ADDRESS (Street and	d Number)		TELEPHONE NUMBER					
			Date available for work_					
(City, State & Zip Cod Length of time at pres	e) entaddress		Have you ever worked for If yes, give dates	or this company before?	YesNo			
			_	or employment in the United				
How were you referre	ed to us?		YesN	o				
Do you have any relat	tives workingfor us?	No						
Name Relationship			Is there any reason you will miss work on a regular basis?					
		·	YesN	o If yes, explain				
 Name		Relationship						
DATE (Mo. & Yr.) From: To:	Include self-em NAME, ADDRE TELEPHONE OF	nployment and part time jobs	orevious employers located with the state of the supervisor of the	POSIT DUTII				
Salary Start: End: From: To:	Reason for leaving:							
Salary Start: End:	Reason for leaving:							
From: To:								
Salary Start: End:	Reason for leaving:							
From: To:								
Salary Start: End:	Reason for leaving:							
From: To:								
Salary Start: End:	Reason for leaving:		'					
From: To:								
Salary Start: End:	Reason for leaving:							

Were you ever discha	rged by any company?Yes	No If yes, give name	e of con	npany and r	eason why:		
If proporting applicated	marries contact volumental conf	Voc. No.					
	may we contact your employer?why do you wish to change jobs?						
ATTENDANCE							
	ou lost from work or school during each o	f the past THREE years?					
YEAR	NO. OF DAYS						
YEAR	NO. OF DAYS						
YEAR	NO. OF DAYS						
Is there any reason yo	ou will miss work on a regular basis?	YesNo If y	es, exp	lain			
GENERAL INFO	RMATION the military service?Yes	No. If you give dates:					
	The military service:Tes				etnam Veteran?		
	onded?YesNo If ye						
HAVE YOU EVER: B	een convicted of a crime or plead guilty to yes, please explain below. A conviction o lates to the fitness to perform a particular	a crime?Yes or guilty plea will not necessa	N	0			ar as it
DATE Identify Law Enforcement Agency Involved (Mo. & Yr.) Name of Agency – City and State			What w ere you charged with?			SENTENCE RECEIV ED	
			T		T		
Education	Name & Location of Sc	hool	No	o. Years	Graduate?		Courses/Degrees
Elementary School					Yes Date:	_No	
High School					Yes Date:	_No	
College					Yes Date:	_No	
Trade, Business or other Training					YesYes	_No	
Special Skills or Aptitu	des:						
PERSONAL REF (No former employe							
	Name and Occupation		Add	ress		Te	lephone
Persons hired	d in certain job classifications are re	equired to undergo a no	st ioh	offer nhve	cal examination and	d all ne	ersons offered
employment employment	by the Company are required to for these jobs is conditioned upor lergo a physical examination and d	undergo a drug screer n satisfactory completion	n befor	re beginni the physic	ng work for the Cor cal examination and	mpany.	Any offer of

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 beggining 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.

Date	Signature of Applicant