

APPLICATION FOR EMPLOYMENT - (CONDENSED)

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

| | | | | | |
|----------|--|--|-------|--------|--|
| PERSONAL | Last Name | | First | Middle | Date |
| | Street Address | | | | Home Telephone () |
| | City, State, Zip | | | | Business Telephone () |
| | Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____ Location _____ | | | | Social Security # |
| | Position Desired | | | | Pay Expected |
| | Apart from absence for religious observances, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____ | | | | Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Are you legally eligible for employment in the United States? | | | | When will you be available to begin work? _____ |
| | Other special training or skills (languages, machine operation, etc.) | | | | |

EMPLOYMENT

Please give accurate information regarding your employment record. Start with your present or most recent employer.

| | | | |
|---|---|--|--|
| 1 | Company Name | | Telephone () |
| | Address | | Employed - (State Month and Year) From _____ To _____ |
| | Name of Supervisor | | Weekly Pay Start _____ Last _____ |
| | State Job Title and Describe Your Work _____ | | Reason for Leaving |

| | | | |
|---|---|--|--|
| 2 | Company Name | | Telephone () |
| | Address | | Employed - (State Month and Year) From _____ To _____ |
| | Name of Supervisor | | Weekly Pay Start _____ Last _____ |
| | State Job Title and Describe Your Work _____ | | Reason for Leaving |

| | | | |
|---|---|--|--|
| 3 | Company Name | | Telephone () |
| | Address | | Employed - (State Month and Year) From _____ To _____ |
| | Name of Supervisor | | Weekly Pay Start _____ Last _____ |
| | State Job Title and Describe Your Work _____ | | Reason for Leaving |

We may contact the employers listed above unless you indicate those you do not wish us to contact.

DO NOT CONTACT

Employee Number(s) _____ Reason _____

EDUCATION

Circle last year completed:

| | | | | |
|-------------|---|---|---|---|
| Elementary | 5 | 6 | 7 | 8 |
| High School | 1 | 2 | 3 | 4 |
| College | 1 | 2 | 3 | 4 |

Describe other education or training

MILITARY

Did you serve in the U.S. Armed Forces?

Yes No

If "yes," what Branch?

Describe any training received relevant to the position for which you are applying.

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED.

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

| | | | |
|--------------------------|---|--|---|
| <input type="checkbox"/> | Provide dates you attended school: | Elementary From _____ To _____ | <input type="checkbox"/> Number of dependents, including yourself |
| | High School From _____ To _____ | College From _____ To _____ | |
| | Other (give name and dates) | | |
| <input type="checkbox"/> | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | <input type="checkbox"/> Are you a Vietnam veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Sex |
| | | <input type="checkbox"/> Date of Marriage | <input type="checkbox"/> Are you a U. S. citizen? |
| | | <input type="checkbox"/> How long at present address? | <input type="checkbox"/> How long at previous address? |
| <input type="checkbox"/> | Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with what employers? | <input type="checkbox"/> Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of age. | |
| <input type="checkbox"/> | Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full. | | |
| <input type="checkbox"/> | State names of relatives and friends working for us, other than your spouse. | | |

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The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decided to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date

_____ Signature