

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTION. RESUMES ARE NOT A SUBSTITUTE FOR A COMPLETED APPLICATION.

TO APPLICANT: Please be advised that the following guidelines must be adhered to prior to submitting your application.

- Complete the application in your own handwriting.
- Show 100% complete names, addresses and phone numbers for all jobs within the last three (3) years.
- Be able to pass a drug screen.
- Present a valid Social Security Card and Photo ID.

If you are unable to comply with the above, please obtain the required information prior to submitting your application. Thank you.

	AP	PLICANT INFORMATION				
Position applying for:	Social Sec	Social Security Number:				
Name:	Telephor	Telephone Number:				
Present Address (Street. A	Apt. or Unit No.)					
			Zip Code			
In Case Of Emergency, Contact:			Telephone			
	GE	ENERAL INFORMATION				
Have you ever worked for this company before?		Da	tes:To:			
Position:	Rate of Pay? Reason for Leaving?					
Have you been convicted	of any crime or felony? _	if yes please ex	xplain:			
Who referred you to our	company?					
		PHYSICAL HISTORY				
Are you capable of manu	al work?Are	you capable of lifting 25	50 lbs	75 lb	s Over 75 lbs.	
Any on the job injuries? _	Describe injurie	s:				
Any back problems? Desc	ribe:					
	in the past 3 years due to				pensation?	
	Height					
Education	School Name	Location	Graduate?	Years	Degree/ Diploma	
High School						
College / Tech / Trade				1		

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to the race, sex, age, color, religion, national origin, veteran status or any disability.

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT BEGINNING WITH MOST RECENT FOR PAST 3 YEARS

Name and	Address of Company		To		
Phone Nur	nber				
Supervisor	's Name	Start Rate	Ending Rate		
Reason Fo	Leaving				
	Address of Company		To		
Phone Nur	nber				
	's Name	·	Ending Rate		
	Leaving				
	Address of Company	Dates Employed From	To		
		Job Title			
Phone Nur	nber	Salary Rate			
Supervisor	's Name	Start Rate	Ending Rate		
Reason Fo	Leaving				
necessary wit such informa directly or ind	nply with all of the rules of this company. The respect to information set forth on my tion to gather with their opinions on these directly by giving or receiving such information.	application for employment. I also he e matters without any liability for any ation or opinions.	ereby authorize the company to release v damage what so ever caused either		
	ny former employer, present employer or alth, credit and employment records.	other persons to give any information	n they may have concerning by		
	This certifies that this ap	plication was completed by me and r	no one else.		
Date:	Signature	Print Name	Print Name		
Date:	Witness Signature	Witness Prir	nt name		