

APPLICATION FOR EMPLOYMENT

Position Desired _____ Full time Part time Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that this application will be given every consideration, but it is not a promise of employment.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination, and a test for the presence of alcohol in my system, performed by a doctor selected by the Company. Further, I understand that at any time after I am hired, the Company may require me to submit to a physical examination, and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of the physical examinations and related tests to the Company. I also understand that I may be required to take other tests, such as personality and honesty tests, prior to employment and during my employment.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all of the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

Signature of Applicant

SOLICITUD DE EMPLEO

Posición deseada _____ Tiempo completo Tiempo medio Fecha _____

SOMOS PATRONES DE OPORTUNIDAD IGUAL DECLARACION DEL ASPIRANTE

Tengo entendido que se le dará todo tipo de consideración a esta solicitud, pero esto no es una promesa de empleo.

Tengo entendido que si me emplean, mi empleo no será por un período definitivo, sin hacer caso al tiempo de pago de mis salarios. Además comprendo que tengo el derecho de terminar mi empleo en cualquier momento con o sin aviso, y la Compañía tiene el mismo derecho. Nadie, con la excepción del Presidente de la Compañía, tiene la autoridad de modificar esta relación o llegar a un acuerdo a lo contrario. Todo ese tipo de modificación o acuerdo debe ser hecho por escrito.

Tengo entendido que la Compañía se reserva el derecho de pedirme que yo me someta a un examen para ver si hay evidencia de drogas en mi cuerpo antes de emplearme y en cualquier momento durante mi empleo, hasta el punto de que las leyes permitan. También comprendo que cualquier oferta de empleo que pueda existir sería al pasar un examen físico, y un análisis para ver si hay evidencia de alcohol en mi cuerpo, dicho examen será hecho por un médico escogido por la Compañía. Además de esto, comprendo que en cualquier momento después de que me hayan empleado, la Compañía podría exigirme que yo me someta a un examen físico, y un análisis de alcohol, hasta el punto de que las leyes permitan. Yo le doy permiso a revelar los resultados de los exámenes físicos y los análisis a la Compañía. También comprendo que se me podrá pedir que me haga otros exámenes, tales como exámenes sobre mi personalidad y honradez, antes de mi empleo y durante mi empleo.

Tengo entendido que la Compañía puede investigar los datos de cómo yo manejo y mis datos criminales y que un reporte investigativo puede ser preparado por medio del cual la información es obtenida a través de entrevistas personales con mis vecinos, amistades, y otras personas con quien yo me relaciono. Esta averiguación incluye información sobre mi carácter, reputación general, características y modo de vivir. Comprendo que tengo el derecho de hacer una petición por escrito dentro de un período de tiempo razonable para recibir información adicional y detallada sobre la clase y el objeto de esta investigación. Además comprendo que la Compañía puede ponerse en contacto con mis patrones anteriores, y yo autorizo a esos patrones que revelen a la Compañía todos los datos pertinentes a mi empleo con ellos. Además de autorizar la revelación de cualquier información respecto a mi empleo, yo por este medio renuncio por completo a cualquiera de los derechos o reclamos que yo tengo o tenga contra mis patrones anteriores, sus agentes, empleados, y representantes, así como también otros individuos que den información a la Compañía, y dejarlos sueltos de cualquiera y toda obligación, reclamos, o daños que puedan resultar directa o indirectamente por el uso, revelación, o dar detalles de tal información por cualquier persona o sujeto, ya que esa información me sea favorable o no.

Yo por este medio declaro que toda la información que proporciono en esta solicitud y en cualquier entrevista es verdadera y exacta. Tengo entendido que si me emplean y cualquiera de tal información la encuentran más tarde ser falsa en cualquier respecto, me pueden despedir.

NO FIRME HASTA QUE HAYA LEIDO DICHA DECLARACION

Firma del aspirante

PERSONAL DATA

Name _____ Social Security No. _____
 (Print) Last Name First Middle
 Present Address _____ How long have you lived there? _____
 Street and Number City State Zip Years Months
 Previous Address _____ How long did you live there? _____
 Street and Number City State Zip Years Months
 Telephone No. _____ Are you 18 years of age or older? Yes No

Have you ever worked for this Company before? Yes No If yes, please give dates and position: _____

Do you have any friends or relatives working here? Yes No If yes, Name: _____

Do you have a reliable means of transportation to travel to and from work which will allow you to consistently arrive at work on time? Yes No

If a driver's license is required for the position for which you are applying, do you have a valid driver's license? Yes No
 License No. State Expiration Date

Have you been cited for a traffic violation of any kind within the last FIVE years? Yes No If yes, please give date and details:

NOTE: An affirmative answer to the following question will not automatically disqualify you from consideration for the position for which you are applying. Factors such as age of the conviction, time of events, seriousness and nature of the violation, and rehabilitation are taken into account.

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No
 If yes, please give date and details of each: _____

How many days of work have you missed in the last THREE years due to reasons other than paid holidays and vacation?

Year	No. of days
Year	No. of days
Year	No. of days

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

EDUCATION

	Elementary					High				College/University				Graduate/Professional			
School Name																	
Years Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study or Major																	
Describe Specialized Training, Military Experience, Skills, and Extra-Curricular Activities																	

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Name of Present or Last Employer	Employed From (mo./yr.)	Pay Start \$	Your Title or Position	Reason for Leaving
Address	To (mo./yr.)	Final \$	Name of Last Supervisor	
City, State, Zip Code				
Telephone				
Previous Employer	Employed From (mo./yr.)	Pay Start \$	Your Title or Position	Reason for Leaving
Address	To (mo./yr.)	Final \$	Name of Last Supervisor	
City, State, Zip Code				
Telephone				
Previous Employer	Employed From (mo./yr.)	Pay Start \$	Your Title or Position	Reason for Leaving
Address	To (mo./yr.)	Final \$	Name of Last Supervisor	
City, State, Zip Code				
Telephone				
Previous Employer	Employed From (mo./yr.)	Pay Start \$	Your Title or Position	Reason for Leaving
Address	To (mo./yr.)	Final \$	Name of Last Supervisor	
City, State, Zip Code				
Telephone				
Previous Employer	Employed From (mo./yr.)	Pay Start \$	Your Title or Position	Reason for Leaving
Address	To (mo./yr.)	Final \$	Name of Last Supervisor	
City, State, Zip Code				
Telephone				

Have you ever been terminated or asked to resign from any job? Yes No. If yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer: Yes No. If no, please explain: _____

CHARACTER REFERENCES

Please list persons who know you well—Not previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	No. of Years Known

ADDITIONAL INFORMATION-Please indicate any actual experience you have in any of the following positions:

OFFICE

- Manager
- Bookkeeper
- Accounts Receivable
- Accounts Payable
- Payroll Clerk
- Data Entry/Computer
- Cashier
- Secretary
- Receptionist

SALES

- Sales Manager
- Sales Person
- Customer Service
- Telemarketing
- Order Processing
- Statistician

MANUFACTURING

- Manager
- Dispatcher/Expediter
- Foreman
- Technician/Production
- Electrician
- Warehouse
- Shipping
- Maintenance
- Delivery

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant