

EEOC

Our company fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state, or local law. In accordance with requirements of the Americans with Disabilities Act and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and state employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, the Company maintains a smoke-free workplace.

In order for this application to be submitted correctly, you must save the document to your computer before and after you fill it out!

Job Number(s): _____

Position(s): _____

STOP!!! Make sure JOB NUMBER and Position are filled in, if not the application will NOT be accepted. You can apply for multiple positions with one application, just make sure all Job Numbers and Positions are referenced.

PERSONAL INFORMATION

First Name _____

Middle Name _____

Last Name _____

Telephone _____

E-Mail Address _____

Current Address

Address 1 _____

City _____

Address 2 _____

State _____ Zip Code _____

Country _____

AVAILABILITY

Available Start Date _____

Schedule Full Time Part Time

Times Available Any Weekdays Weekends Evenings Nights Shift

Available to work overtime

GENERAL QUESTIONS

How did you hear about us?

Other _____

Did someone from this company refer you to us? Yes No

If yes, please provide their name. _____

Are you at least 18 years of age? Yes No

Are you legally eligible to work in the United States? Yes No

(Proof of employment eligibility will be required, if hired)

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B visa status)? Yes No

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. The federal requirement must be satisfied as a condition of employment.

ESSENTIAL JOB FUNCTIONS

Describe your job related skills to the position or positions applying for in the box below:

EMPLOYMENT HISTORY/PROFESSIONAL REFERENCE

Corporation Name _____

Contact Name _____

City _____ State _____ Country _____

Telephone _____ Date Employed _____ Current Employer

Starting Title _____

Most Recent Title _____

Please list your job duties in the box below:

Starting Pay _____ Most Recent Pay _____

Reason for Leaving _____

May we contact this reference? Yes No

Employment History/Professional Reference

Corporation Name _____

Contact Name _____

City _____ State _____ Country _____

Telephone _____ Date Employed _____ Current Employer

Starting Title _____

Most Recent Title _____

Please list your job duties in the box below:

Starting Pay _____ Most Recent Pay _____

Reason for Leaving _____

May we contact this reference? Yes No

Employment History/Professional Reference

Corporation Name _____

Contact Name _____

City _____ State _____ Country _____

Telephone _____ Date Employed _____ Current Employer

Starting Title _____

Most Recent Title _____

Please list your job duties in the box below:

Starting Pay _____ Most Recent Pay _____

Reason for Leaving _____

May we contact this reference? Yes No

HIGHEST LEVEL OF EDUCATION

Name of School _____

City _____ State/Province _____ Country _____

Telephone _____ Years Attended _____ Current Enrolled

Major/Area of Emphasis _____

Degree/Program _____

Degree was obtained? Yes No

PROFESSIONAL LICENSES AND CERTIFICATIONS

I do not have any credentials/licenses

Credential/License Type _____

Credential/License Number _____

Expiration Date _____

Issuing Agency _____

City _____ State _____ Country _____

Telephone _____

Status _____

Current Standing _____

Have you been subject to a disciplinary action? Yes No

If yes, please describe in the box below:

May we contact this reference? Yes No

PERSONAL REFERENCES

Contact Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ In what capacity? _____

How long have you know him/her? _____

Personal Reference

Contact Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ In what capacity? _____

How long have you know him/her? _____

Personal Reference

Contact Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ In what capacity? _____

How long have you know him/her? _____

IMPORTANT***

STOP!!! Make sure you SAVE this document to your desktop before closing the application.

Please read the following carefully before submitting.

CERTIFICATION

I understand that this application form was intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at-will" and that my employment may be terminated for any reason, with or without cause or notice, at any time by me or the Company and that this application is not intended to constitute a contract of continued employment.

I certify that the information submitted by me on this application is true and complete. I understand that any false information, misrepresentation or omissions on this application, resume or on other written materials, provided during any interviews will lead to the rejection of my application or, if I am employed, discipline up to an including termination at the time such false information or omission is discovered.

I understand that additional testing of job-related skills and for the presence of drugs may be required prior to employment. I also understand that after an offer of employment and prior to reporting to work, I may be required to submit to a medical review and depending on Company policy and the needs of the job, I may be required to complete a medical history form and be examined by a medical professional designated by the company. I also understand that I may not be under the influence of drugs or alcohol during employment and that if Company policy so requires, I may be required to submit a drug and/or alcohol testing at an approved testing facility.

I understand that smoking is prohibited in all indoor areas of the Company's facility unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

I authorize the Company and/or its agents, including consumer reporting agencies, to investigate and verify any of the information provided by me. I authorize my former employers, educational institutions, references and any relevant agencies to provide information to the Company and/or its agents concerning my background and experience. I release the Company and all parties providing information to the Company about my background and experience from any liability what so ever arising therefrom.