



S.S.# MUST BE FILLED IN

SOCIAL SECURITY NUMBER: _____

DATE OF APPLICATION: _____

EMPLOYMENT APPLICATION

LAST NAME	FIRST NAME	M.I.	JR/SR/III/ETC.
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PRESENT ADDRESS _____

CITY	STATE	ZIP CODE	PHONE #	CELL #
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ARE YOU UNDER 18? YES NO ~ IF YES, INDICATE AGE _____ ARE YOU ELIGIBLE TO WORK IN THE U.S.? YES NO

DO YOU HAVE ANY RELATIVES WORKING FOR OUR CORPORATION? YES NO

NAME: _____ RELATIONSHIP: _____ CORP.: _____

POSITION DESIRED IN ORDER OF PREFERENCE: 1) _____ 2) _____ 3) _____ 4) _____	SALARY DESIRED \$ _____
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FOR WHAT STATUS ARE YOU APPLYING? <input type="checkbox"/> FULL <input type="checkbox"/> PART <input type="checkbox"/> SUMMER ONLY	DATE AVAILABLE	HOURS AVAILABLE FROM: _____ TO: _____	DAYS AVAILABLE S M T W T F S
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OTHER THAN RELIGIOUS OBSERVANCES DO YOU AGREE TO WORK ANY SHIFT YOU ARE ASSIGNED, INCLUDING SATURDAY AND/OR SUNDAY WHEN YOUR WORK SCHEDULE REQUIRES IT? YES NO

EDUCATION

	NAME & LOCATION OF SCHOOL	MAJOR FIELD	CIRCLE ONE	GRADUATED?	TYPE OF DEGREE	LAST YR. ATTENDED
HIGHEST GRADE ACHIEVED	_____	_____	5 6 7 8	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
	_____		9 10 11 12			
COLLEGE/ UNIVERSITY	_____	_____	NO. OF YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
	_____		1 2 3 4			
ADD'L EDU/ TRAINING	_____	_____	TIME IN TRAINING	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____

HEALTH

ARE YOU WILLING TO SUBMIT TO A PHYSICAL EXAMINATION (INCLUDING URINALYSIS FOR DRUG DETECTION?) YES NO

ARE YOU PRESENTLY UNDER A DOCTOR'S CARE FOR ANY REASON? YES NO

ARE YOU PRESENTLY TAKING ANY TYPE OF MEDICATION? YES NO

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM:

1) HEAVY LIFTING (UP TO 50 LBS.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	4) WORKING IN COLD TEMPERATURES	<input type="checkbox"/> YES <input type="checkbox"/> NO
2) STANDING UP TO 8 HOURS	<input type="checkbox"/> YES <input type="checkbox"/> NO	5) STOOPING OR BENDING	<input type="checkbox"/> YES <input type="checkbox"/> NO
3) WORKING AROUND FOOD	<input type="checkbox"/> YES <input type="checkbox"/> NO	6) OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF YES TO ANY OF THE ABOVE, PLEASE SPECIFY: _____

HOW MANY DAYS HAVE YOU LOST FROM WORK IN THE PAST YEAR? _____ REASON: _____

ARE YOU NOW RECEIVING ANY SUPPLEMENTAL INCOME (MILITARY, SOCIAL SECURITY OR OTHER?) YES NO

HAVE YOU EVER BEEN INJURED ON THE JOB? YES NO

IF YES, STATE EMPLOYER, DATE, NATURE OF EACH INJURY, LENGTH OF DISABILITY & ACCOMMODATIONS REQUIRED BELOW:

BOND

(RESPONSES TO THESE QUESTIONS WILL NOT NECESSARILY BE A BAR FROM EMPLOYMENT, CERTAIN FACTORS WILL BE TAKEN INTO ACCOUNT)

HAVE YOU EVER BEEN REFUSED AN EMPLOYMENT BOND? YES NO

HAVE YOU EVER BEEN CONVICTED OF ANY DISHONEST, FRAUDULENT OR OTHER CRIMINAL ACT (OTHER THAN MINOR TRAFFIC VIOLATIONS)? YES NO

IF YES, STATE DATE, PLACE & NATURE OF EACH CONVICTION _____

HAVE YOU EVER HAD A CASH OR INVENTORY SHORTAGE IN CONNECTION WITH ANY PREVIOUS EMPLOYMENT? YES NO

IF YES, PLEASE GIVE DETAILS _____