



APPLICATION FOR EMPLOYMENT

An Affirmative Action-Equal Opportunity Employer

NAME	<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	Date of Application
Street Address				Home Telephone
City, State, Zip				()
Have you ever applied for employment here before? <input type="checkbox"/> YES <input type="checkbox"/> NO				Other Telephone
How did you become aware of this opening or company?				()
Position(s) applied for:				Social Security No.
				Date available:

Salary Required: _____ May we contact your present employer for a reference? YES NO
 Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? YES NO
 (Verification and completion of *Form I-9* must be submitted no later than three business days after date of hire.)
 Would you be willing to submit to a company-paid drug screen if an employment offer is made? YES NO
 Have you ever been convicted of a felony YES NO
 If yes, please explain: _____

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	NO. OF YEARS	DID YOU GRADUATE?
College				
Business/Trade/Tech.				
High School				

Did you serve in the U.S. Armed Forces? YES NO Branch _____
 Duties performed: _____ From _____ To _____
 Describe any training received relevant to the position for which you are applying? _____

Additional Skills / Comments

EMPLOYMENT HISTORY

(Please begin with your present or last place of employment.)

Company Name	Telephone ()
Address	Employed-(State month & year) From To
Name of Supervisor	Weekly pay: Start Last
State Job Title and Describe Your Work	Reason for Leaving

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WORK-RELATED REFERENCES (If no previous work experience, school or volunteer-related references.)

Name	Address	City/State	Zip Code
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Relationship:	Phone No.
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Name	Address	City/State	Zip Code
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Relationship:	Phone No.
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APPLICANT PLEASE READ AND SIGN

I authorize investigation of all statements contained in this application and I certify that to the best of my knowledge all statements are true. I understand that, if I am hired, misrepresentation or omissions of facts called for in this form may be cause for separation from the company. I also understand that employment is at will and may be terminated at any time by either party.

_____ <i>Signature</i>	_____ <i>Date</i>
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FOR ACUTEC USE ONLY

Interview Date _____ Job Offer Made Yes No Offer Accepted Declined

Post Job Offer Physical/Drug Test Date _____ Physical Pass Fail Drug Test Pass Fail

Start Date _____ DOB _____