



An Equal Opportunity Employer. All Applicants are considered for employment without regard to race, color, sex, age, religion, national origin, disability or military veteran status or any other category protected by federal, state and local laws.

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS TO APPLICANT: IN ORDER TO PREVENT A DELAY IN PROCESSING THIS APPLICATION, PLEASE BE SURE TO SIGN AND DATE THIS FORM AND THAT YOU HAVE ANSWERED EACH QUESTION CLEARLY AND COMPLETELY. THE WAY IN WHICH YOU COMPLETE THIS FORM WILL HAVE BEARING ON THE CONSIDERATION IT RECEIVES.

Please print clearly in ink. You must complete and sign your own application.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF APPLICATION:
OTHER NAME(S) USED:	HOME TELEPHONE #:	OTHER PHONE #:	
HOME ADDRESS (STREET):	CITY, STATE, ZIP CODE:	E-MAIL ADDRESS:	
<i>I understand that if I am hired, my employment with the company is contingent upon satisfactory proof of my authorization to work in the United States:</i>			Please initial: <input type="text"/>
Are you over 18 years of age?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If hired, would you be willing to perform other jobs as needed?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If applying for a position that involves driving, do you possess a valid Drivers' License?			<input type="checkbox"/> YES <input type="checkbox"/> NO Class: _____
Have you ever interviewed with the Company or its affiliates before?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please list:
Have you ever been employed by the Company or its affiliates before?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please list:
Do you have any relatives employed by the Company or its affiliates?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please list:

GENERAL INFORMATION

POSITION(S) APPLIED FOR (LIST ALL):	REFERRED TO BY (LIST ORGANIZATION OR EMPLOYEE):
TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> ON-CALL	DATE YOU CAN START: _____ LIST DAYS/TIMES YOU ARE AVAILABLE (SCHEDULE PREFERRED): _____
CAN YOU WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST ANY COMPUTER PROGRAMS YOU ARE FAMILIAR WITH:
LIST ANY SKILLS YOU POSSES OR MACHINES/EQUIPMENT YOU CAN OPERATE:	

EDUCATION INFORMATION

INSTITUTION NAME & LOCATION:	HIGH SCHOOL	COLLEGE/UNIVERSITY/TRADE	GRADUATE/PROFESSIONAL
YEARS COMPLETED (CIRCLE):	9 10 11 12	1 2 3 4	1 2 3 4
DATE OF DIPLOMA/DEGREE:			
SUBJECTS-MAJOR/SCHOLASTIC HONORS/ACTIVITIES:			

PERSONAL / PROFESSIONAL REFERENCES

NOTE: Provide names of **three** (3) persons not related to you who are qualified to evaluate your capabilities. Do not list relatives, former employers or employees of this company. Each section **MUST** be answered completely or the entire application may be rejected. Incorrect telephone numbers may also disqualify this application.

FIRST AND LAST NAME	CITY/STATE	TELEPHONE (W/ AREA CODE)	YRS KNOWN	OCCUPATION	RELATIONSHIP

NOTICE TO APPLICANTS: Screening tests for alcohol and illegal drug use may be required before hiring and during your employment.

NOTE: This section MUST be completed regardless of whether or not you submit a resume.

EMPLOYMENT HISTORY

Current / Most Recent Position

NAME OF COMPANY:		ADDRESS (CITY/STATE):		TELEPHONE:		YOUR TITLE/POSITION:	
JOB DUTIES: <i>(Place additional information on separate sheet or attach resume.)</i>				NAME OF SUPERVISOR:		TITLE OF SUPERVISOR:	
DATE HIRED (MM/YY):	DATE OF TERM:	STARTING PAY RATE:	ENDING PAY RATE:	REASON FOR LEAVING:		MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	

Previous Position

NAME OF COMPANY:		ADDRESS (CITY/STATE):		TELEPHONE:		YOUR TITLE/POSITION:	
JOB DUTIES: <i>(Place additional information on separate sheet or attach resume.)</i>				NAME OF SUPERVISOR:		TITLE OF SUPERVISOR:	
DATE HIRED (MM/YY):	DATE OF TERM:	STARTING PAY RATE:	ENDING PAY RATE:	REASON FOR LEAVING:		MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	

Next Previous Position

NAME OF COMPANY:		ADDRESS (CITY/STATE):		TELEPHONE:		YOUR TITLE/POSITION:	
JOB DUTIES: <i>(Place additional information on separate sheet or attach resume.)</i>				NAME OF SUPERVISOR:		TITLE OF SUPERVISOR:	
DATE HIRED (MM/YY):	DATE OF TERM:	STARTING PAY RATE:	ENDING PAY RATE:	REASON FOR LEAVING:		MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	

Next Previous Position

NAME OF COMPANY:		ADDRESS (CITY/STATE):		TELEPHONE:		YOUR TITLE/POSITION:	
JOB DUTIES: <i>(Place additional information on separate sheet or attach resume.)</i>				NAME OF SUPERVISOR:		TITLE OF SUPERVISOR:	
DATE HIRED (MM/YY):	DATE OF TERM:	STARTING PAY RATE:	ENDING PAY RATE:	REASON FOR LEAVING:		MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	

List any additional work experience, education, skills, information, licenses, certifications, special study or research work related to the position applied:

IMPORTANT: READ CAREFULLY

I hereby authorize all my prior employers, credit bureaus, officials of all schools which I have attended or been associated with, any person named on this application, all public officials, and any other person or entity to give any information regarding my employment, personal habits, ability, criminal record or any other relevant information they may have and whether or not it is contained on or in their records. I, furthermore, authorize the Company and its' representatives and agents to obtain such information through any means necessary and I release the Company and its representatives and agents from liability for obtaining and using such information in a lawful manner in the application and employment process. I hereby release said employers, schools, public officials and other persons and entities, from any and all liability for any damage whatsoever which might result from their revealing or furnishing this information.

I understand that an investigation may be made whereby information is obtained through personal interviews with neighbors, friends, and others with whom I am acquainted, as well as from credit bureaus. This may include information as to character, general reputation, or credit history. I know that I have a right to make a written request within a reasonable period of time for a complete and accurate disclosure of information concerning the nature and scope of this investigation.

I understand and accept that if I am made an offer of employment, and/or during the course of my employment with the Company, I may be asked to submit to physical examinations, testing for alcohol/drugs, and have a background check completed, including criminal history check or credit or consumer check, all in accordance with law. By signing this application, I hereby agree to submit to such examinations and release all persons and companies from any liability arising out of such examinations, tests, and background checks. I further agree that the examining person may disclose to the Company or its representatives the results of the same.

I understand that nothing in this employment application, the granting of an interview or any subsequent offer of employment, if such is made, is intended to create an employment contract between the Company and me. I acknowledge that the aforementioned may be revoked at any time at the sole discretion of the Company, with or without cause, and with or without prior notice, at any time, at the option of the Company or me. Employment, therefore, is on an "at will" basis. This application is not an employment agreement and I understand that no representative of the Company has any authority to enter into any agreement with me of any nature other than the General Manager, and any such agreement must be in writing and signed by the General Manager.

I HEREBY STATE THAT ALL FACTS GIVEN ARE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND ANY MISREPRESENTATION OR OMISSION ON MY PART IS CAUSE FOR REJECTION OR TERMINATION.

APPLICATION VERIFICATION

SIGNATURE OF APPLICANT:	PRINTED NAME OF APPLICANT:	DATE OF SIGNATURE:
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