

School, Location	Dates	Graduated	Diploma/Degree
High School		Yes No	
College	From: To:	Yes No	
Trade School	From: To:	Yes No	

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes No If so, when, where and what courses? _____

List any scholastic honors, offices held and activities involved in during high school and college _____

List and describe any other School or Specialized Training _____

MILITARY:

Have you ever served in the military? Yes No

Service Branch _____ Date Entered _____

Date Separated _____ Final Rank _____

CAPABILITY/RELIABILITY:

Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes No

If not, explain which tasks _____

Have you filed any type of fraudulent claim against any of your present or past employers? Yes No

If not, explain _____

Will you abide by the safety rules of this company? Yes No

Have you ever been disciplined for violating company safety rules or regulations? Yes No

If yes, please explain _____

How many days of work (or school) have you missed in the last two years? _____

How many times have you been late for work (or school) in the last two years? _____

Would you be willing and able to report to work on time every day on a regular and consistent basis? Yes No

If no, please explain _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR

DO NOT REFERENCE YOUR RESUME

Name of Employer _____ Address _____ City, State, Zip _____		Name and Title of Last Supervisor	Dates Employed		Pay
			From:	To:	Starting
			Mo.____	Mo.____	\$_____
			Year__	Year__	Ending
					\$_____
Telephone ()	Nature of Business	Reason for Leaving			
Duties					

Name of Employer _____ Address _____ City, State, Zip _____		Name and Title of Last Supervisor	Dates Employed		Pay
			From:	To:	Starting
			Mo.____	Mo.____	\$_____
			Year__	Year__	Ending
					\$_____
Telephone ()	Nature of Business	Reason for Leaving			
Duties					

Name of Employer _____ Address _____ City, State, Zip _____		Name and Title of Last Supervisor	Dates Employed		Pay
			From:	To:	Starting
			Mo.____	Mo.____	\$_____
			Year__	Year__	Ending
					\$_____
Telephone ()	Nature of Business	Reason for Leaving			
Duties					

Name of Employer _____ Address _____ City, State, Zip _____		Name and Title of Last Supervisor	Dates Employed		Pay
			From:	To:	Starting
			Mo.____	Mo.____	\$_____
			Year__	Year__	Ending
					\$_____
Telephone ()	Nature of Business	Reason for Leaving			
Duties					

Please provide three professional references (co-workers) not listed above for reference checking purposes:

Name	Company	Phone	Name	Company	Phone

Are you presently employed? Yes No
 If yes, may we contact your present employer? Yes No
 Have you ever been fired, or asked to resign, from a job? Yes No
 If yes, please explain _____
 Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? Yes No
 If yes, please explain _____

SPECIAL SKILLS

Do you type? Yes No Words per minute _____
 Have you had any computer or word processing experience or training? Yes No
 If yes, please describe _____

What languages do you speak fluently? _____

Use this space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

REFERENCES

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or Individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this Investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion or privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Signature _____ Date ____/____/____

COMPANY USE ONLY

Interviewed by: _____ Date ____/____/____

Interviewers remarks:

If the operation of a company vehicle a job requirement? Yes No
 If yes to above, has a request for driver's record been made? Yes No