Please print all information requested except signature and fax to 888-580-1768

FOR OFFICE USE

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Name_____
Last First Middle

Present Address_____
Number Street City State Zip

How long at this address_____

Phone (_____)_____

Email _____

If under 18, please list age_____

Position applying for_____

Date available for work_____

Social Security No._____—_____—_____

____I am available to work nights 8:00 pm—2:30 am

Days/Hours available to work: No pref_____

Tues_____ Fri_____

Wed_____ Sat_____

Thurs_____ Sun_____

Employment desired ____FULL-TIME ONLY ____PART-TIME ONLY ____FULL OR PART-TIME

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ____NO ____YES

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offence(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

_____

DO YOU HAVE A DRIVERS LICENSE _____YES ___NO Do you own a car? ____YES ___NO Car License No._____

Drivers License No. _____ State of Issue_____ Exp Date_____

Have you had any accidents during the past three years? How Many_____

Have you had any moving violations during the past three years? How Many_____

EMPLOYMENT—Please list two current or previous employers.

Name_____
Position_____
Company_____
Address_____
_____
Phone (_____)_____

Name_____
Position_____
Company_____
Address_____
_____
Phone (_____)_____

EDUCATION

High School_____ City/State_____ Graduated_____YES _____NO

College_____ City/State_____ Graduated_____YES _____NO

Other _____ City/State_____ Graduated_____YES _____NO

CERTIFICATION AND RELEASE

I certify that the information I have provided is complete and true to the best of my knowledge. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs and/or alcohol is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature_____ Date_____