

PLEASE PRINT IN INK

Date of Applicant _____

Date Available For Employment _____

Type of Employment

Full Time Part Time Temporary

Name: _____ Social Security No.: _____
Last First Middle

Present Address: _____
No. Street City State Zip

Previous Address (If at present address less than one year) _____
No. Street City State Zip

Position(s) Applied For: _____ Location Preference(if any): _____

Availability : Days Mon Tues Wed Thurs Fri Sat Sun _____

Hours From _____ A.M. P.M. to _____ Shift Preference: 1st 2nd 3rd

Are you 21 or older? Yes No If no, employment subject to verification of minimum legal age by age certificate or work permit. _____

PERSONAL INFORMATION

Do you have the legal right to live and work in the U.S.? Yes No If not a U.S. Citizen, Please provide proof that you can legally be employed in the United States (Form Nos. I-151 or I-94) _____

Have you ever applied for employment with us before? Yes No If Yes, when _____ (Date)

Have you ever been employed by us? Yes No If Yes, From _____ (Mo./Yr.) To _____ (Mo./Yr.)

How were you referred to us? Employee referral Employment agency Newspaper ad(which paper) _____
 College Recruitment Internet Ad. Walk - In Other: _____

Are you presently employed? Yes No

If now employed, does your employer know of your plans to change employment? Yes No

May we contact your present employer? Yes No

Why do you desire to make a change in employment at this time? _____

Have you ever been discharged or asked to resign from a position? Yes No If Yes, explain _____

Have you ever held a position of trust (handling monies, securities or confidential material)? Yes No

Have you ever been bonded Yes No

Have you ever been convicted of any crime, other than minor traffic violations, since the age of 18 or within the last five years

Yes No

If yes, state details (date, court, offence, place of occurrence) _____

Do you have any physical restrictions which, in any way, might hinder your ability to perform the job for which you have applied? Yes No

If so, please explain _____

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	GRADUATE	DEGREE
ELEMENTARY			5 6 7 8	() YES () NO
HIGH SCHOOL			1 2 3 4	() YES () NO
VOCATIONAL OR BUSINESS SCHOOL			1 2 3 4	() YES () NO	
COLLEGE			1 2 3 4	() YES () NO	
GRADUATE SCHOOL			1 2 3 4	() YES () NO	
OTHER			1 2 3 4	() YES () NO	

Describe any other specialized professional training (such as technical, correspondence, or night school courses)

SPECIAL QUALIFICATIONS

Specify professional designations, certifications, licenses, or registrations held

_____ No _____

Issued in what state _____ Expiration Date _____

Check areas in which you are proficient

COMPUTER SKILLS:

Microsoft Office:

() Access () Word () Typewriter _____ WPM

() Excel Other computer Programs you Others: _____

() Power Point can use. _____

() Publisher _____

() Quicken _____

MILITARY SERVICE

Have you served in the armed forces? () Yes () No If yes, From _____ To _____

Which Service? _____ What branch of that service? _____

Starting Rank _____ Final Rank _____ What were your duties _____

List schooling and special training received in service with approximate time _____

REFERENCES

List personal references that you have known for at least 5 yrs. (Do not include relatives or former employers)

Name _____ Area Code/Telephone No. () _____

Name _____ Area Code/Telephone No. () _____

Name _____ Area Code/Telephone No. () _____

Do you have steady transportation to work? Yes No

Do you have a valid drivers license? Yes No

Expiration date _____ license number _____ state of issue _____

Start with most recent or present employer:

WORK HISTORY

1. Name of Employer	Address	Telephone No.
Immediate Supervisor (Name and Position)	Date Hired	Starting Rate
Present or Final Position	Date Left	Final Rate
Job Duties _____		
Reason For Leaving _____		
2. Name of Employer	Address	Telephone No.
Immediate Supervisor (Name and Position)	Date Hired	Starting Rate
Present or Final Position	Date Left	Final Rate
Job Duties _____		
Reason For Leaving _____		
3. Name of Employer	Address	Telephone No.
Immediate Supervisor (Name and Position)	Date Hired	Starting Rate
Present or Final Position	Date Left	Final Rate
Job Duties _____		
Reason For Leaving _____		

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

"I certify that the information given by me in this application is true in all respects, and I agree that if employed and it is found to be false in any way, that I may be subject to dismissal without notice, if and when discovered. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I further agree, if employed, that I am to work faithfully and diligently, to be careful and avoid accidents, to come to work promptly, and I am not to be absent for any reason without prior notice to my supervisor."

"I agree to be employed on a 90 calendar day's probationary period and that I may be dismissed at any time during this period at the discretion of the employer. I agree to submit to a physical and / or drug screening examination whenever requested and, if employed, I agree to abide by all present and subsequently issued personnel policies and rules. Further, I understand that my employment will not be for a stated period"

DATE SIGNATURE OF APPLICANT

DO NOT WRITE BELOW THIS LINE
RECORDS OF INTERVIEWS

INTERVIEWED BY	DEPARTMENT	DATE	COMMENTS AND RECOMMENDATIONS
1.			
2.			
3.			

If accepted for employment :

Starting Date _____ Starting Rate _____ Position _____ Department _____
 Location _____ Date ____ / ____ / ____ Approved By _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or and other legally protected status.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligation, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It is confidential information that will not be used in any hiring decision.

Position(s) applied for _____ Date ____ / ____ / ____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement-Source _____ | | <input type="checkbox"/> Other |

Name of person who referred you (if applicable) _____

Applicant Information

Name _____
Last First Middle () Area Code Phone

Address _____
Street City State Zip Code

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|---|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | | <input type="checkbox"/> Asian/Pacific Islander |

Special Notice

To Vietnam Era Veterans, Disabled Veterans and Individual with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

- Vietnam era Veteran (served between 1964-1975) Disabled Veteran Individual with a disability

