APPLICATION FOR EMPLOYMENT

		irst Name	Middle	Date
P E	Street Address			Home Phone
E	City, State, Zip			Cell/Pager Phone
C 12 1 1	Have you ever applied for employment with us			Social Security No.
O S S S O	Yes / No If yes: Month and Year Position Desired	Location		Pay Expected
Z	Apart from absence for religious observance, ar Yes / No If not, what hours can you work?	e you available for f	ull-time work?	Will you work overtime if asked? Yes / No
が正式	Are you legally eligible for employment in the Yes / No	United States?		When will you be available to begin work?
いたが多速で	Do you have any family members who are curv Yes / No If yes: Who?	ently working with ι Location	is?	<u>n</u>
日本語語の記	How did you learn of our organization?			

E State	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	Graduate	9			Yes	
C					No	
X	College				Yes	
T			2		No	
I O	Business				Yes	
O N	Trade Technical			1	No	
& \$	High School				Yes	
ĸ	Other special	training skills (languages, machine operation	ns, etc.)			
I.						
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EMPLOYMENT HISTORY

(Start with your present or last job, add another sheet as necessary.) NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

	Company name	Telephone	
		()	
	Address	Employed (Month & Y	ear)
		From T	Ĩo
	Name of Supervisor	Weekly Pay	
		Start L	ast
	State Job Title and Responsibilities	Reason for Leaving	
2			

	Company name	Telephone
	Address	Employed (Month & Year) From To
2	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Responsibilities	Reason for Leaving
	Company name Address Name of Supervisor State Job Title and Responsibilities	

	Company name	Telephone	
		()	
	Address	Employed (Month &	Year)
飂		From	То
3	Name of Supervisor	Weekly Pay	
		Start	Last
	State Job Title and Responsibilities	Reason for Leaving	
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4	Company name	Telephone	
		()	
	Address	Employed (Month &	Year)
		From	То
4	Name of Supervisor	Weekly Pay	
		Start	Last
	State Job Title and Responsibilities	Reason for Leaving	
	_		

	Company name	Telephone		
	Address	Employed (Mo From	nth & Year) To	
5	Name of Supervisor	Weekly Pay Start	Last	
	State Job Title and Responsibilities	Reason for Lea	ving	
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	We may contact the employers listed unless you indicate those you do not want us
	We may contact the employers listed unless you indicate those you do not want us to contact.

DO NOT CONTACT Employer Numbers: Reason:

M	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service
I	Describe your duties and any special training	Period of Active Duty Mo/Year /
語記録		From:
		To:
	9	
A		
M E E I A R X		Rank at Discharge
Ŷ		Date of Final Discharge

Have you been convicted of a crime (other than a traffic violation)? YES NO If yes, please explain.
Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations? YESNO

This application shall be considered active for no more than 45 days. After that time, applicants will be required to submit a Completed application. The applicant understands that neither this document nor any offer of employment constitutes an Employment contract unless a specific document is executed in writing by the employer and employee.

I certify that the facts, history, or information set forth in this Application of Employment are true and complete to the best of my Knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I Authorize the Company to make an investigation of the facts, history, or information set forth in this application and release from Any liability both the Company and those who supply reference information in response to any investigation by the Company.

I understand that employment at this Company is "at-will": which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statue. All employment is continued on that basis. I understand also that if I am employed, I am, required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Signature

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Date

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, color, religion, sex, age, national origin, disability, veteran, marital status, or any other basis prohibited by statue.

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