



| EDUCATION             | SCHOOL NAME & ADDRESS | COURSE OF STUDY | CIRCLE LAST YEAR COMPLETED |   |   |   | GRADUATED |
|-----------------------|-----------------------|-----------------|----------------------------|---|---|---|-----------|
|                       |                       |                 | 1                          | 2 | 3 | 4 |           |
| HIGH SCHOOL OR G.E.D. |                       |                 |                            |   |   |   |           |
|                       |                       |                 |                            |   |   |   |           |
| COLLEGE               |                       |                 |                            |   |   |   |           |
|                       |                       |                 |                            |   |   |   |           |
| OTHER                 |                       |                 |                            |   |   |   |           |
|                       |                       |                 |                            |   |   |   |           |

|  |
|--|
| DO YOU HAVE ANY DEFINITE PLANS TO CONTINUE YOUR EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE DESCRIBE: |
| HAVE YOU TAKEN ANY OTHER SPECIALIZED COURSES/SEMINARS <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE DESCRIBE:      |

**EMPLOYMENT RECORD** (BEGIN WITH PRESENT OR LAST EMPLOYER, INCLUDE MILITARY & PERIODS OF UNEMPLOYMENT)

MAY WE CONTACT YOUR PRESENT EMPLOYER  YES  NO

| DATES           | COMPANY NAME & ADDRESS | WAGES     | JOB TITLE & DUTIES | REASON FOR LEAVING |
|-----------------|------------------------|-----------|--------------------|--------------------|
| FROM<br>MO. YR. | COMPANY:<br>ADDRESS    | STARTING: |                    |                    |
| TO<br>MO. YR.   | PHONE:<br>SUPERVISOR   | LAST:     |                    |                    |
| FROM<br>MO. YR. | COMPANY:<br>ADDRESS    | STARTING: |                    |                    |
| TO<br>MO. YR.   | PHONE:<br>SUPERVISOR   | LAST:     |                    |                    |
| FROM<br>MO. YR. | COMPANY:<br>ADDRESS    | STARTING: |                    |                    |
| TO<br>MO. YR.   | PHONE:<br>SUPERVISOR   | LAST:     |                    |                    |
| FROM<br>MO. YR. | COMPANY:<br>ADDRESS    | STARTING: |                    |                    |
| TO<br>MO. YR.   | PHONE:<br>SUPERVISOR   | LAST:     |                    |                    |

EXTRA CURRICULAR ACTIVITIES \_\_\_\_\_ HOBBIES \_\_\_\_\_

|                    |           |      |   |   |   |   |   |   |
|--------------------|-----------|------|---|---|---|---|---|---|
|                    |           | M    | T | W | T | F | S | S |
| How many hours per | Hours     | FROM |   |   |   |   |   |   |
| Week can you work? | Available | TO   |   |   |   |   |   |   |

HOW IS/WAS YOUR SCHOOL ATTENDANCE?  GOOD  AVERAGE  FAIR  POOR

Have you any related experience not listed above?

Why should we hire you?

IN CASE OF EMERGENCY NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PLEASE NOTIFY ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**AUTHORIZATION & UNDERSTANDING:**

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

**I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm.** I agree that I shall be bound by other rules, policies, regulations, and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the Company except those which have been acknowledged in writing, by the president or his designated representatives, I hereby authorize the firm to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to the firm during the course of my employment.

**I agree that any action or suit against the firm arising out of my employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.** I further agree that if I should bring any action or claim arising out of my employment against the firm in which the firm prevails. I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my re-employment physical (if such physical is required) are known.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR MANAGER USE ONLY:**

Initial Contact Date: \_\_\_\_\_ Manager Initials: \_\_\_\_\_

|              | Excellent | Good | Fair | Poor | Comments |
|--------------|-----------|------|------|------|----------|
| Appearance   |           |      |      |      |          |
| Availability |           |      |      |      |          |
| Personality  |           |      |      |      |          |
| Potential    |           |      |      |      |          |