

Date: _____

Application For Employment

(Equal Employment Opportunity Employer)

GENERAL :

*****Pre- Employment and Random Drug Test are given.*****

Name: _____

Address: _____

Telephone: (_____) Social Security #: _____

Date Available for Employment: _____

If employed and under 18, can you furnish a work permit? Yes No

Have you ever been employed by this company? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

If Yes, give name _____

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration status? Yes No

Type of work desired: _____

Do you have a *valid* Driver's License in Missouri? Yes No

License # _____

If answered "No", what state: _____

Can you perform the essential functions of the job (s) for which you are applying for? Yes No

Are you available to work FULL-TIME PART-TIME OVER-TIME

Have you been convicted of a felony? Yes No

(Please note that a "Yes" answer will not bar you from consideration for employment)

If Yes, please explain: _____

This company is an equal employment opportunity employer. All applications will be considered without regard to age, color, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of a job.

EDUCATION:

High School				College				Graduate			
9	10	11	12	1	2	3	4	1	2	3	4
School Name				School Name				School Name			
Course of Study				Course of Study				Course of Study			

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:

Summarize special skills and qualifications; volunteer activities, military experience, employment or other activities related to the job you are seeking.

REFERENCES:

List three (3) non-relatives who are familiar with your qualifications and actual work history and ability.

Name	Occupation/ Relationship	Years Know	Telephone
1			
2			
3			

EMPLOYMENT EXPERIENCE:

Start with your present or last job. List last four (4) jobs in order. Do not omit any job.

Employer	Supervisor's Name
Address (City, State)	Job Position
Telephone Number	From (mo/yr) To (mo/yr) Employed Dates
Pay Rate Starting/ Ending	Duties
What did you like most about your job?	
What did you like least about your job?	
Reason for leaving?	

Employer	Supervisor's Name
Address (City, State)	Job Position (mo/yr) To (mo/yr)
Telephone Number	Employed Dates
Pay Rate Starting/ Ending	Duties
What did you like most about your job?	
What did you like least about your job?	
Reason for leaving?	

Employer	Supervisor's Name
Address (City, State)	Job Position (mo/yr) To (mo/yr)
Telephone Number	Employed Dates
Your Salary Starting/ Ending	Duties
What did you like most about your job?	
What did you like least about your job?	
Reason for leaving?	

Employer	Supervisor's Name
Address (City, State)	Job Position (mo/yr) To (mo/yr)
Telephone Number	Employed Dates
Pay Rate Starting/ Ending	Duties
What did you like most about your job?	
What did you like least about your job?	
Reason for leaving?	

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION! ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A REPRESENTATIVE FROM THIS COMPANY BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I give you complete information and records regarding my employment, education, character and qualifications.

Yes No

If hired I will be responsible for familiarizing myself with all rules and regulations of the Company as they presently exist or are later modified. *If hired I recognize that my employment can be terminated, at the discretion of the Company or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement.*

Yes No

I also understand that no representative of the Company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

Yes No

I understand this application and no promises or representations of employment have been made to me at this time.

Yes No

I have read, understand, and agree with the above.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.