

The Company is an equal employment opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Name		asis prombited by local, state, or lederal l	SSN	•	Date
				City	
Address				City	
State, Zip		Phone		Date Available	Mil
Position Desir	ed (1)		(2)		
yes	no	Did you complete high school? Name of School			
yes	no	Did you complete college? Name of College/University Degree	GPA		
yes	no	Do you have special licensing or cert What?	ification?		:
yes	no	Is there any reason why you could no		bb duties?	
yes	no	Could you work in a non-smoking en	vironment?		
yes	no	Have you ever been disciplined or fin If yes, explain:	ed from a job?		
yes	no	Have you ever been employed by ou	r company or predece	ssor? .If so, please pro	vide dates and position:
yes	no	Are you subject to any type of agreer ability to work for our Company (e.g. If yes, please explain and provide a	, non-compete, confide	entiality, non-disclosure	ity that would restrict your e)?
yes	no	Do you have a valid driver's license a	and state minimum req	uired auto insurance?	•
yes	no	Can you travel locally if required?			
yes	no	Can you work weekends and evening	gs?		*
yes	no	Were/are you in the Armed Forces?	•		7
yes	no	Are you willing to undergo a pre-emp	loyment physical exam	n / drug test?	
yes	no	Have you ever been convicted of a fell fyes, explain:	elony?		,
(a yes or no a	nswer	to any of the above questions doe	s not necessarily dis	qualify applicant fron	n employment)
Begin with you	ease at r prese	erience etach your resume or fill in information ent or last work experience. Include a	<i>below.</i> ny contract work and/o	r volunteer work exper	iences.
Former Emplo	-				
					to
				State	Zip
Last position ti	tle:				
		nsation:starting		ending	<del></del>
				worked each week:	
		r:	Phone #:		
Duties, respon	sibilitie	s, and number you supervised:			

\_\_\_ indicate my willingness for you to talk with this prior employer.

Former	Employer								
Compan	y:		Employed from	to					
Address:		City	State	Zip					
ast pos	ition title:			•					
Total Ani	nual Compensation:starting		ending						
Reason t	for leaving:	Hours	worked each week:	<del></del> .					
lmmedia	te Supervisor:	Phone #:							
Duties, re	esponsibilities, and number you supervised:								
My initia	alsindicate my willingness for you to	talk with this prior e	employer.						
		•							
List any	additional skills:			:					
List types	s of computers and length of experience								
List types	s of software and length of experience			· · · · · · · · · · · · · · · · · · ·					
What lan	guages, other than English, do you read or write?								
				•					
LIST addit	ional information that will aid the Company in mak	ang a niring decision a	about you:						
			· · · · · · · · · · · · · · · · · · ·						
APPLICA	ANTS AGREEMENT		•						
understa	and and agree that:								
1)	If I misrepresent or deliberately leave out any fact in	n my application, I may	be refused employment or, if e	mployed, I may be terminated.					
<u>?</u> )	The Company may verify all the information provide from liability all persons or entities supplying or coll-			prior employment. I release					
3)	If I am employed by the Company, my employment without prior notice by either me or the Company.	is not for any specific p	period of time and can be termin	aated at any time either with or					
1)	If I am offered a job with the Company, I understand that I may be required to sign a non-disclosure and/or non-compete agreement as a condition of my employment.								
5)	I authorize any doctor, hospital or testing laboratory that conducts medical tests on me to release all information to the Company necessary for the Company to determine my ability to perform job duties now and in the future, subject to local, state and federal law.								
3)	Due to the nature of the Company's business I may be expected to work overtime, a rotating work schedule, or a work schedule that includes Saturdays, Sundays and/or holidays.								
")	Proof of the legal right to work in the United States	will be required upon hi	re.						
)	If I am applying for a position where the need to use a company vehicle or use my own vehicle is required, I agree to provide you with my Driver's License number and I authorize the Company to obtain my motor vehicle/driving history. I also agree to submit my proof of auto insurance to the Company.								
)	If I am employed by the Company, I understand tha	at I may be required to s	ign an arbitration agreement as	a condition of my employment					
0)	This application is valid for 2 weeks from the date o	f completion.	٠.						
have res	d and agree to the above. I hereby certify that the	facts I provided in thi	s employment application are	true and complete					
	and the second s	promod in thi	Je.iii appiiouttoii die						
Signature			d	ate .					

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