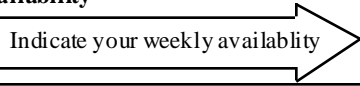


**Answer all questions - incomplete applications are rejected.**

Last Name			First			Middle			Date (applications are kept active for 90 days)		
Street Address									Home Phone		
City, State, Zip									Cell Phone		
Have you ever applied for employment with us?						If yes, Month and Year: /			Last 4 digits of your Social Security # _ _ _ _		
Are you legally eligible for employment in the U.S.?			Have you ever been convicted of a felony?			How did you hear about us?			Salary		
Desired \$ . /hr			Are you between the ages of 18 and 65?			Date available to begin work?			Valid Driver's License? yes / no		
Clean Driving Record? yes / no			Able to lift on a regular basis?			20 lbs 40 lbs 70 lbs 100 lbs 150 lbs					
<b>Education</b>			Course of Study			No. of Years Completed			Did You Graduate		
School	Name & Location										
College											
High											
Other											
<b>Availability</b>			Mon	Tue	Wed	Thu	Fri	Sat	Sun		
			From								
Circle desired number of hours per week 10-20 20-30 30-40 40-50 50-60 60+			To								

**Employment History • List most recent first • We verify employment dates & pay rates**

Company Name						Telephone					
Address						(indicate month and year) From / To /					
Name of Supervisor						Salary					
Job Title and Duties						Reason for Leaving					
I grant permission for this employer to verify the above stated employment dates, title, duties, pay rate and reason for leaving. Signature _____ Date _____											
Company Name						Telephone					
Address						(indicate month and year) From / To /					
Name of Supervisor						Salary					
Job Title and Duties						Reason for Leaving					
I grant permission for this employer to verify the above stated employment dates, title, duties, pay rate and reason for leaving. Signature _____ Date _____											
Company Name						Telephone					
Address						(indicate month and year) From / To /					
Name of Supervisor						Salary					
Job Title and Duties						Reason for Leaving					
I grant permission for this employer to verify the above stated employment dates, title, duties, pay rate and reason for leaving. Signature _____ Date _____											

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report. I realize that I may be required to attend a physical exam and drug test by a medical professional and may be denied employment based on the results of this test.

Date \_\_\_\_\_ Signature \_\_\_\_\_