

EDUCATION DATA

This section is intended to give the employer information about the education that you have completed, and to demonstrate your skills, knowledge and abilities to perform the job duties of the position.

List information for high school and all trade schools, colleges/universities you have attended.

Name and Address of School	Course of Study	Hours Completed & Dates Attended	GPA on a 4.0 Scale	Did you Graduate?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Did you receive a high school equivalent (GED)? Yes No

Please list any activities, awards, sports, etc.: _____

TRAINING DATA

List any special training or certifications that you have received which may be relevant to the type of job you are seeking.

Type of Training	Dates Attended	Certification Received
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any additional information regarding skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application: _____

* Note: If more space is needed, attach a separate sheet.

Have you ever served in the military on active duty? Yes No

Include initial active duty training with the National Guard and the Reserves.

Military Branch	Dates Attended		Highest Rank Obtained and Rank at Separation	Type of Discharge
	From	To		

Are you currently on active duty? Yes No

If yes, what is your expected end-of-service obligation date? _____

EMPLOYMENT DATA

List chronologically (beginning with the most recent employment) all past and current employment including part-time. (Use additional sheets if necessary). **Failure to include all employment may be grounds for disqualification.**

May we contact your current employer prior to employment? Yes No

Name of Employer: _____
Address of Employer: _____ Telephone Number: _____
City/State/Zip: _____ (Area Code)
Supervisor's Name: _____
Duties, Responsibilities, Equipment Operated: _____ _____ _____ _____
Title: _____
Dates of Employment: From: _____ To: _____ (Month) (Year) (Month) (Year)
Beginning Salary: _____ PER _____ Ending Salary: _____ PER _____
Reason for Leaving: _____

Name of Employer: _____
Address of Employer: _____ Telephone Number: _____
City/State/Zip: _____ (Area Code)
Supervisor's Name: _____

Duties, Responsibilities, Equipment Operated:

Title: _____

Dates of Employment: From: _____ To: _____
(Month) (Year) (Month) (Year)

Beginning Salary: _____ PER _____ Ending Salary: _____ PER _____

Reason for Leaving: _____

Name of Employer: _____
Address of Employer: _____ Telephone Number: _____
City/State/Zip: _____ (Area Code)
Supervisor's Name: _____

Duties, Responsibilities, Equipment Operated:

Title: _____

Dates of Employment: From: _____ To: _____
(Month) (Year) (Month) (Year)

Beginning Salary: _____ PER _____ Ending Salary: _____ PER _____

Reason for Leaving: _____

Name of Employer: _____
Address of Employer: _____ Telephone Number: _____
City/State/Zip: _____ (Area Code)
Supervisor's Name: _____

Duties, Responsibilities, Equipment Operated:

Title: _____

Dates of Employment: From: _____ To: _____
(Month) (Year) (Month) (Year)

Beginning Salary: _____ PER _____ Ending Salary: _____ PER _____

Reason for Leaving: _____

Name of Employer: _____
Address of Employer: _____ Telephone Number: _____
City/State/Zip: _____ (Area Code)
Supervisor's Name: _____

Duties, Responsibilities, Equipment Operated:

Title: _____

Dates of Employment: From: _____ To: _____
(Month) (Year) (Month) (Year)

Beginning Salary: _____ PER _____ Ending Salary: _____ PER _____

Reason for Leaving: _____

REFERENCES

List four references that are not related to you.

NAME: _____ TELEPHONE NUMBER: _____
(Area Code)

ADDRESS: _____

CITY/STATE/ZIP: _____

NAME: _____ TELEPHONE NUMBER: _____
(Area Code)

ADDRESS: _____

CITY/STATE/ZIP: _____

NAME: _____ TELEPHONE NUMBER: _____
(Area Code)

ADDRESS: _____

CITY/STATE/ZIP: _____

NAME: _____ TELEPHONE NUMBER: _____
(Area Code)

ADDRESS: _____

CITY/STATE/ZIP: _____

ARREST RECORD DATA

Do you currently possess a valid driver's license? Yes No License State: _____

Expiration Date: _____ License Number: _____

Has your driver's license ever been suspended/revoked? Yes No
If yes, what state(s): _____

Reason for the suspension(s): _____

Have you ever received a ticket for a traffic offense? Yes No If yes, describe below.

Date	Location	Charge	Fine or Sentence

Have you ever been arrested for a criminal offense? Yes No If yes, describe below.

Date	Location	Charge	Fine or Sentence

Have you ever been convicted of a felony? Yes No
If yes, explain on a separate sheet of paper.

Have you ever been arrested for an act that would have been a crime had it been committed by an adult? Yes No If yes, describe below.

Date	Location	Charge/Offense	Disposition of Case

MISCELLANEOUS

Do you own your own home? Yes No

If yes, how much is your current mortgage indebtedness? _____

What is the amount of your indebtedness, other than your home? _____

Annual Income: **Applicant:** _____ **Spouse:** _____

Are you a proprietor or part owner of any business or firm?

Yes No If yes, describe below.

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

I understand and accept that, if I am hired, I may be hired conditional upon passing any medical and/or psychological examinations that the Employer deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this shall include drug, alcohol or substance abuse testing.

INITIALS: _____

I understand and accept that the Employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the Employer require that the Employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that it will be necessary for the Employer to investigate my background for any criminal or unlawful activity.

INITIALS: _____

I understand that it may be necessary for me to approve and sign any waivers necessary in order for the Employer to obtain information from my current and former employers and educational transcripts from schools, college or universities I attended.

INITIALS: _____

I understand that the Employer provides a seven (7) day per week and twenty-four (24) hour per day service, and therefore, if employed, I may be required to work evening shifts or night shifts, including weekends.

INITIALS: _____

I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the Employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

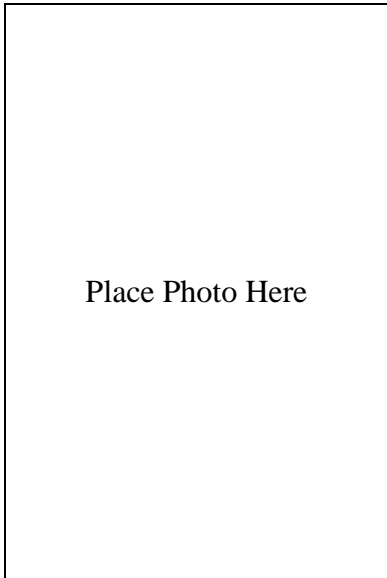
INITIALS: _____

I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that any misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment. I authorize investigation of my background for any criminal or unlawful activity.

By the submission of this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent forms. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use or alcohol abuse.

(Applicant's Signature)

(Date)



EEO DATE: VOLUNTARY DISCLOSURE FORM

NOTE: MUST BE FILED SEPARATE FROM EMPLOYMENT APPLICATION

Regulations of the Equal Employment Opportunity Commission (**EEOC**) require employers to compile data regarding the nature and make-up of their work forces in order to further the goals of Title VII of the Civil Rights Act of 1964, as amended. Your responses to the following questions will help the Employer comply with this requirement. Completion of this questionnaire is entirely voluntary on your part. Should you opt to complete the questionnaire, your response will be used by the Employer solely for the purposes of preparing the reports required by the EEOC. Your response will be kept confidential, and will play no part in the Employer's evaluation of your employment performance or status, or your treatment as is employee. The completed questionnaire will be kept separate from your personnel file.

NAME: _____

AGE: _____ SEX: _____

RACIAL AND ETHNIC CATEGORIES:

White (not of Hispanic origin): _____

Black (not of Hispanic origin): _____

Hispanic: _____

Asian or Pacific Islander: _____

American Indian or Alaska Native: _____

DISABILITY (Please Describe): _____

VETERAN: Yes: _____ No: _____

If yes, did you serve in Vietnam? Yes: _____ No: _____