

## References

	Name	Phone Number/Address	Years known/relationship
Ref#1			
Ref#2			
Ref#3			

## Education

	City/State	Graduated		Degree type
High School		Yes	No	
Vocational		Yes	No	
Jr. college		Yes	No	
College		Yes	No	

### **Criminal History**

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been convicted of or pleaded guilty to a Felony or crime? Yes      No  
do not include convictions that were sealed, erased, annulled or expunged pursuant to a court order

Please explain any "Yes" answer. Use additional paper if necessary. \_\_\_\_\_  
 \_\_\_\_\_

Are you currently awaiting trial for any criminal offense? Yes      No  
 Please explain any "Yes" answer. Use additional paper if necessary. \_\_\_\_\_  
 \_\_\_\_\_

### **Certification and Release**

I understand that this application form is intended for use in evaluation my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at will" and that my employment may be terminated for any reason, with or without cause or notice, at any time by me or the company and that this application is not intended to constitute a contract of continued employment.

I certify that the information submitted by me on this application is true and complete. I understand that any false information, misrepresentations or omissions on this application, on other written materials, or provided during any interview will lead to the rejection of my application or, if I am employed, discipline up to and including termination at the time such false information or omission is discovered.

I understand that additional testing of job-related skills and for the presence of drugs may be required prior to employment. I also understand that after an offer of employment and prior to reporting to work, I may be required to submit to a medical review and depending on company policy and the needs of the job, I may be required to complete a medical history form and be examined by a medical professional designated by the company. I also understand that I any not be under the influence of drugs or alcohol during employment and that if company policy so requires, I may be required to submit to drug and/or alcohol testing at an approved testing facility.

I understand that smoking is prohibited in all indoor areas of the company's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

I authorize the company and/or its agents, including consumer reporting bureaus, to investigate and verify any of the information provided by me. I authorize my former employers, education institutes, references and any relevant agencies to provide information to the company and/or its agents concerning my background and experience. I release the company and all parties providing information to the company about my background and experience from any liability whatsoever arising therefrom.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This application will only be considered for 90 days. If you have not been hired within 90 days of filling out this application and you wish to be considered for future employment, you must complete a new application.