

APPLICATION FOR EMPLOYMENT

Federal and state laws prohibit discrimination in employment because of sex, age, race, color, religious creed, marital status, national origin, ancestry, disability, handicap or sexual orientation. An Equal Opportunity Employer.

PERSONAL INFORMATION

Name _____
Last First Middle Initial
Address _____
Street City State Zip Code
Telephone (_____) _____ Social Security No. _____
Area Code Number

If under 18 years of age can you, after employment, submit a work permit? Yes No
Can you, after employment, submit proof of your legal right to work in the U.S.? Yes No

Name, address and phone number of person to be notified in case of accident or emergency:

EMPLOYMENT DESIRED

Position applied for: _____

Shift you can work: Day Evening Night Any _____

Date you can start: _____
Month Day Year

Have you ever applied to this company before? Yes No When? _____

Have you ever worked for this company before? Yes No When? _____

Supervisor _____

Reason for leaving _____

Have you ever been convicted by a court of a felony or crime other than a minor traffic violation? Yes No

If yes, please explain _____

NOTE: The existence of a conviction will not necessarily disqualify applicant from the position applied for.

EDUCATION

Highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4
GRADE SCHOOL HIGH SCHOOL COLLEGE

Name of last school attended _____

Vocational or trade training _____

Are you fluent in any languages which may be beneficial or relevant to this job? Yes No

Language _____ Fluency in - Reading Writing Speaking

REFERENCES

Give below three persons not related to you.

Name	Phone Number	Years Acquainted With You
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

FORMER EMPLOYERS

List below your work experience, starting with your present or last place of employment.

Date Employed	Name, and Address of Employer	Name of Supervisor	Position & Salary	Reason for Leaving
1. from _____ to _____ Phone Number _____	_____	_____	start _____ finish _____	_____
2. from _____ to _____ Phone Number _____	_____	_____	start _____ finish _____	_____
3. from _____ to _____ Phone Number _____	_____	_____	start _____ finish _____	_____

May we contact your present employer at this time? Yes No

APPLICANT'S STATEMENT

I understand that any employment by this facility will be on a _____ day probationary basis. If employed by _____, I agree to abide by its rules and regulations. The above information is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will be cause for immediate dismissal. I authorize this facility to contact any and/or all of my references for full information. I agree to take a physical examination at any time, at the request of this facility and at no personal expense to me, and agree that the examining physician may disclose the findings to this facility or an authorized agent of this facility. I understand that a photograph may be required after employment.

APPLICANT'S SIGNATURE

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

1 Type or print your first name and middle initial. _____		Last name _____		2 Your social security number _____	
Home address (number and street or rural route) _____			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code _____			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____					5 _____
6 Additional amount, if any, you want withheld from each paycheck _____					6 \$ _____
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here _____ ▶					7 _____

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(Form is not valid unless you sign it.) ▶ _____

Date ▶ _____

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____	10 Employer identification number (EIN) _____
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AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that dishonesty will disqualify me from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

Social Security Number _____

Driver's License Number _____ State _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____ (Month/Day/Year)

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

City/State/ZIP _____

Signature

_____/_____/_____
Date: (Month/Day/Year)

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report: