

| Social Security # | | Date: | | | | | |
|--|------------------|----------------------|---------------|---------------|--|--|--|
| Name: | | | | | | | |
| | (Last / Fir | st / Middle) | | | | | |
| Address: | | | | | | | |
| | (No. Street / C | City / State / Zip) | | | | | |
| Telephone: () | Er | nail Address: | | | | | |
| | | | | | | | |
| Are you 18 years of age or older?\ | es No | | | | | | |
| If hired, can you provide written evider | nce that you are | authorized to work i | n the U.S.? | _YesNo | | | |
| | | | | | | | |
| <u>EDUCATION</u> | | | | | | | |
| | | | # Years | Degree/ | | | |
| Type Name/Location | | Course of Study | Completed | Diploma | | | |
| Elementary & Jr. High | | | | | | | |
| HighSchool | | | | | | | |
| College | | | | | | | |
| Technical or Other | | | | | | | |
| EMPLOYMENT RECORD | | | | | | | |
| Company Name and address | Kind of Work | | ate Reasor | n for Leaving | | | |
| 1 | _ | Started/Left of | | | | | |
| 2 | . | _ | | | | | |
| 3 | . | _ | | | | | |
| 4 | 1 | 1 | 1 | | | | |

U.S. MILITARY SERVICE

| Branch of Service | | | | |
|---|--|------------------------|---------------------|--------------------|
| From | to | | | |
| Rank and Type of Ser | vice | | | |
| Training/Experience R | Received | | | _ |
| Name/ Occupation/ Ye | ot Include Relatives) ears/ Known Address | | | |
| | | | | |
| 3 | | | | |
| <u>EMPLOYMENT</u> | | | | |
| Type of Work Desired | | | Salary Desired | |
| How Were You Referr | red To Our Organization? _ | | | |
| Do You Have Any Rel | atives Who Are Employed E | By This Organization? | YesNo | |
| Please Specify : | | | | |
| Is there any information your work record?\ | on we would need about you Yes No | ur name, or use of ano | ther name, for us t | o be able to check |
| Please Specify : | | | | |
| | nal information that relates essional memberships, hob | | m the job for which | n you have applied |
| | | | | |

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

| I understand | this application | will be active | ∕e for a | period of | one year | ; after that | time, if | I wish to be | e considere | ed for |
|--------------|------------------|----------------|----------|-----------|----------|--------------|----------|--------------|-------------|--------|
| employment, | I must submit a | a new applic | cation. | | | | | | | |

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

| Your Signature: | Date: | |
|-----------------|-------|--|
| 0 | | |