

| | FICE USE ONLY |
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| Interview Supervisor | |
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EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the Human Resource Department and every effort will be made to accommodate your needs in a reasonable amount of time.

- Please read "APPLICANT NOTE" below.
- 2. 3. Complete both sides of this page.
- If more space is needed to complete any question, use comments section at the top of the next page.

| POSITION | ON APPLIED | FOR: | | TODAY'S DATE: | |
|--|--|--|--|---|---|
| NAME: | | AST | | | |
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| <u> APPLI</u> | CANT NOTE | | | | |
| nay be | required to be | e examined by a medical professiona | al designated by the company. | | • |
| Vhat da | ch schedules a | are you available?* □ Weekdays | | □ Nights □ Overtime □ Shift | me Temporary Other |
| What da For which Reason | ite can you sta ch schedules a | are you available?* | □ Weekends □ Evenings □ | □ Nights □ Overtime □ Shift | me □ Temporary □ Other |
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| PREVIOUS EMPLOYERS | PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since | се |
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| we will make every effort to co | ntact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call | |
| information, if necessary, FOR | EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY. | |

| MOST RECENT EMPLOYER | | | Are you currently working for | this employer? | | | | | |
|--|----------------|----------|--|-------------------------------|-----------------|-------------|---------|----|----|
| | □ Yes □ | □ No | If yes, may we contact? | | PHONE | E() | | | |
| | | | | | FAX | () | | | |
| COMPANY NAME | | | CITY | STATE | | | | | |
| FROM TO | | | | | | | | | |
| DATES EMPLOYED | | | JOB TITLE | SUPER | ISOR NAME | | | | |
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| SECOND MOST RECENT EMP | LOYER | | | | | | | | |
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| | | | | | | | | | |
| REFERENCES Include only i | ndividuals far | miliar w | th your work ability. Do not | include relatives or r | names of superv | isor listed | above. | | |
| NAME | | Al | DDRESS/PHONE | | YEARS KNOW | NN/RELA | TIONSH | IP | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| | | | | | | | | | |
| NOTE: Do not Please circle | | | this section you believe to be eted: 7 8 | e non-job related. 9 10 11 | 12 13 | 14 | 15 | 16 | 16 |
| | different nan | ne than | listed on page one, please | | 12 13 | | | | |
| your school records are under a | | | STATE | GRAD | UATED | DEGRI | EE TYPI | E | |
| your school records are under a | | CITY/S | | | | 1 = = = | | | |
| your school records are under a NAME | | CITY/S | /IAIL | □ Yes | □ No | | | | |
| your school records are under a NAME HIGH SCHOOL | | CITY/S | MAIL | □ Yes | □ No | | | | |
| your school records are under a | | CITY/S | TALE | | | | | | |

CERTIFICATION AND RELEASE I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

| SIGNATURE | DATE |
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