

MILITARY SERVICE

Did you serve in the United States Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in what branch? _____ Rank at discharge _____
Describe any job related training received in the service: _____

REFERENCES

Give the name, address, and telephone number of three individuals (other than relatives or past employers) whom you have known for several years.

Name	Address	Telephone Number	Years Known
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		()	
		()	

Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____

PLEASE READ CAREFULLY BEFORE SIGNING

- I certify that the information contained in this application are true and correct, and understand that any falsification, misrepresentation or omission on this application is grounds for refusal to hire, or immediate dismissal if I am employed.
- I authorize and request my former employers, educational institutions, references, governmental agencies or other individuals to give the company any and all information and opinions about me in their possession. I hereby release and hold harmless former employers, educational institutions, references, governmental agencies or other individuals from any liability or claim relating to such release of information or opinions. I authorize and request federal, state and local governmental agencies to release to the Company any requested information concerning my driving record or any criminal convictions.
- I understand that any offer of employment may be contingent upon my passing a post-offer medical examination and/or completing a medical questionnaire.
- I agree to comply with all company rules, regulations and policies, and acknowledge that these rules, regulations and policies may be modified, deleted or supplemented at any time without prior notice to me.
- I understand that the use or possession of illegal drugs, abuse of prescription or non-prescription drugs, or working under the influence or impairment of alcohol or drugs is prohibited. I am willing to submit to substance abuse or alcohol testing prior to or during my employment at the request of the company, and that refusal to test will be grounds for non-employment, or dismissal if employed.
- I understand I will be required to furnish proof of identity and legal work authorization prior to hire.
- If employed, I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time and for any reason, with or without notice. I also understand that no written or oral statements I receive from the Company unless agreed to in writing by the President and CEO will change my status as an "at will" employee.
- **THIS APPLICATION WILL REMAIN ACTIVE FOR SIXTY (60) DAYS.**

Applicant Signature _____ Date _____