

**REFERENCES: (Not relatives)**

|         |               |
|---------|---------------|
| Name    | Occupation    |
| Address | Telephone No. |
| Name    | Occupation    |
| Address | Telephone No. |

**EDUCATION:**

|                            | Name of School | Address | No. of Yrs. Attended | Degrees |
|----------------------------|----------------|---------|----------------------|---------|
| Elementary                 |                |         |                      |         |
| Jr. High/Intermediate      |                |         |                      |         |
| High School                |                |         |                      |         |
| College                    |                |         |                      |         |
| Other (trade school, etc.) |                |         |                      |         |

**MEDICAL INFORMATION:**

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such such examination. Employees, at any time during the course of their employment, may be required to undergo a medical examination at Company expense and by a Company-chosen physician. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Company.

\_\_\_\_\_  
Applicant's Initials

Are you able to perform the essential functions of this job with or without reasonable accommodation? \_\_\_\_\_

**OTHER:**

Do you know anyone presently working for our company? \_\_\_\_\_ If so, who? \_\_\_\_\_

**NOTE:**

It is the policy of this company to hire only U.S. citizens and aliens who are authorized to work in this country. *(As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9)*

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission when discovered, will subject me to discharge and I hereby authorize any investigation of the above or related work experience, education, or reputation information for purposes of consideration of my application for employment.

This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice.

\_\_\_\_\_  
 Application Date

\_\_\_\_\_  
 Applicant's Signature