

EMPLOYMENT APPLICATION

To applicant: We deeply appreciate your interest in our company, and assure you that your application will be considered without regard to race, color, religion, sexual orientation, national origin, or marital status. However, health, age, handicaps, driving record, criminal convictions, educational records will be considered. If your state or local laws prohibit employers from requesting any of this information, you may omit it.

Results of investigation(s) and evaluations are confidential and will not be released under any circumstances. Please attach a resume if possible. If you do not have a resume with you and intend to attach one, you have 2 working days to submit it. If a resume is attached, or will be, please mark all questions that information is provided in resume with S/R. If question is not applicable, mark it N/A.

The following questions require completion to determine your abilities to meet job requirements. If more space is needed to answer, use comment section at end of application. List question number at start of continuation(s).

PLEASE PRINT CLEARLY

DATE: _____

NAME:

LAST: _____ FIRST: _____ MIDDLE: _____

CURRENT ADDRESS: _____
NUMBER STREET CITY STATE

PHONE NUMBER: _____ SOCIAL SECURITY NUMBER: ____ - ____ - ____

DATE OF BIRTH: _____
MONTH DAY YEAR

GENDER: _____
M or F

ARE YOU A CITIZEN, OR LEGAL ALIEN RESIDING IN THE U.S.: _____

POSITION APPLYING FOR: _____

ARE YOU WILLING TO WORK NIGHTS AND WEEKENDS: _____

IF YOUR APPLICATION IS FAVORABLY CONSIDERED, HOW MUCH NOTICE DO YOU NEED PRIOR TO STARING WORK: _____.

LICENSES

Driver's License No. _____ State _____ Date of Expiration _____

Car, Make _____ Model _____ Year _____ Owner _____

Address of Owner _____ License Plate No. _____ State _____

LIST ALL NICKNAMES AND ALIAS'S THAT YOU HAVE USED, OR BEEN CALLED:
(this includes: maiden name, married names, legally changed names)

A: _____ B: _____

WHAT IS YOUR CURRENT STATE OF HEALTH:

EXCELLENT: _____, FAIR: _____, POOR: _____, IF FAIR OR POOR,

STATE REASON: _____

DO YOU HAVE ANY PHYSICAL LIMITATION(S) AND OR HANDICAP(S): _____

(LIMITATION(S) AND OR HANDICAP(S) IS NOT A BAR TO EMPLOYMENT, BUT WILL BE CONSIDERED IN DECIDING YOUR ABILITY TO MEET JOB REQUIRMENTS.)

IF YES, PLEASE LIST (INCLUDE WORK LIMITATIONS)

A: _____

B: _____

C: _____

QUESTIONS CONCERNING CRIMINAL AND DRIVING RECORD ARE NECESSARY TO DETERMINE YOUR ABLILITY TO MEET SECURITY AND INSURANCE NEEDS. HAVING A RECORD IS NOT A BAR TO EMPLOYMENT. FACTORS SUCH AS NATURE OF VIOLATION(S), FREQUENCE OF OFFENCE(S), TIME SINCE LAST OFFENSE, AND AGE AT TIME OF OFFENSE (S) WILL BE TAKEN INTO CONSIDERATION.

HAVE YOU BEEN CONVICTED OF CRIMINAL OFFENSES IN THE LAST 7 YEARS: _____

IF YES, PLEASE LIST:

A: _____

OFFENSE	PLACE	DATE

B: _____

OFFENSE	PLACE	DATE

C: _____

OFFENSE	PLACE	DATE

HAVE YOU BEEN CONVICTED OF, FORFEITED BOND, OR PAID A FINE FOR TRAFFIC OFFENSES IN THE LAST 3 YEARS: _____ IF YES, PLEASE LIST LAST 3 YEARS OF OFFENSES:

A: _____

OFFENSE	PLACE	DATE

B: _____

OFFENSE	PLACE	DATE

C: _____

OFFENSE	PLACE	DATE

LIST ALL RESIDENCES FOR LAST 5 YEARS:

A: _____

ADDRESS	DATES

B: _____

ADDRESS	DATES

C: _____

ADDRESS	DATES

EDUCATION RECORD

SCHOOLS & COLLEGES	ADDRESS	DATES OF ATTENDANCE	DIPLOMA OR DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF NOT A HIGH SCHOOL GRADUATE, HAVE YOU ACHIEVED A HIGH SCHOOL EQUIVALENCY:
 NO: _____ YES: _____ DATE: _____ TYPE: _____ PLACE: _____

DO YOU HAVE ANY EXPERIENCES, SKILLS, TRAINING, OR QUALIFICATIONS YOU FEEL SHOULD BE CONSIDERED IN DECIDING YOUR APPLICATION FOR THE POSITION: _____, IF YES, PLEASE EXPLAIN:

HAVE YOU RECEIVED ANY EXPERIENCE OR TRAINING IN THE AREA OF LAW ENFORCEMENT: _____

IF YES, PLEASE EXPLAIN: INCLUDE DATES, PLACES, AND NAMES OF SUPERVISOR OR TRAINER:

A: _____

B: _____

EMPLOYMENT RECORD

1. NAME, ADDRESS AND TYPE OF BUSINESS	FROM MO. YR.	TO MO. YR.	TYPE OF WORK	STARTING SALARY \$ _____ per _____	LAST SALARY \$ _____ per _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Telephone: _____ REASON FOR LEAVING: _____

NAME OF SUPERVISOR: _____

2. NAME, ADDRESS AND TYPE OF BUSINESS	FROM MO. YR.	TO MO. YR.	TYPE OF WORK	STARTING SALARY \$ _____ per _____	LAST SALARY \$ _____ per _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Telephone: _____ REASON FOR LEAVING: _____

NAME OF SUPERVISOR: _____

3. NAME, ADDRESS AND TYPE OF BUSINESS	FROM MO. YR.	TO MO. YR.	TYPE OF WORK	STARTING SALARY \$_____per____	LAST SALARY \$_____per____
_____	_____	_____	_____		

Telephone: _____ REASON FOR LEAVING: _____

NAME OF SUPERVISOR: _____

PERSONAL REFERENCES
(NOT EMPLOYERS OR RELATIVES)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE STATE REASON APPLYING FOR EMPLOYMENT WITH HONS INVESTIGATIONS:

COMMENTS AND/OR CONTINUATION OF ANSWERS: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME	ADDRESS	PHONE
_____	_____	_____

I CERTIFY THAT INFORMATION GIVEN HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I ACKNOWLEDGE THAT FALSE, MISLEADING, OR OMITTED INFORMATION ON THIS APPLICATION AND OR DURING ANY INTERVIEW(S) MAY CAUSE TERMINATION OF MY BEING CONSIDERED FOR EMPLOYMENT OR RESULT IN DISCHARGE OF EMPLOYMENT.

I UNDERSTAND AN INVESTIGATION OF ALL INFORMATION PROVIDED BY ME WILL BE PERFORMED. I AUTHORIZE ANY INVESTIGATION, INQUIRY DEEMED NECESSARY TO ESTABLISH MY CRIMINAL RECORD, CHARACTER, GENERAL REPUTATION, AND WORK PERFORMANCE HISTORY BE CONDUCTED. I UNDERSTAND THAT SUBMISSION OF THIS APPLICATION, INVESTIGATION(S), AND INTERVIEWS CONDUCTED DO NOT ESTABLISH A CONTRACT FOR EMPLOYMENT.

SIGNATURE OF APPLICANT

DATE