



Date: \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**

|            |                      |
|------------|----------------------|
| NAME:      | SOCIAL SECURITY NO.: |
| ADDRESS:   | CITY: STATE: ZIP:    |
| PHONE NO.: | REFERRED BY:         |

|                          |   |   |
|--------------------------|---|---|
| DESIRED POSITION:        | SALARY REQUIREMENTS:                    | CURRENTLY EMPLOYED: YES NO                  |
| DATE AVAILABLE TO START: | APPLIED BEFORE: YES NO<br>IF YES, WHEN: | WORKED HERE BEFORE: YES NO<br>IF YES, WHEN: |

HAVE YOU BEEN CONVICTED OF A FELONY IN THE PAST 7 YEARS?  YES  NO DATE & DESCRIPTION: \_\_\_\_\_

| EDUCATION HISTORY   | NAME & LOCATION | SUBJECTS STUDIED | DID YOU GRADUATE |
|---------------------|-----------------|------------------|------------------|
| HIGH SCHOOL         |                 |                  |                  |
| COLLEGE             |                 |                  |                  |
| TRADE/BUSINESS/TECH |                 |                  |                  |

|  |
|--|
| <b>SPECIAL SKILLS:</b>   |
|  |
| <b>OTHER TRAINING/CERTIFICATIONS/LICENSES:</b>                         |
|  |
| <b>MILITARY SERVICE:</b>   |
| HAVE YOU EVER SERVED IN THE US ARMED FORCES? YES NO BRANCH OF SERVICE: |
| DISCHARGE DATE: RANK:  |

**PERSONAL REFERENCES**

| NAME | CONTACT INFO | RELATIONSHIP |
|------|--------------|--------------|
|      |              |              |
|      |              |              |
|      |              |              |

**EMPLOYMENT HISTORY**

|                                   |              |                 |        |
|-----------------------------------|--------------|-----------------|--------|
| NAME OF PRESENT OR LAST EMPLOYER: |              |                 |        |
| ADDRESS:                          | CITY:        | STATE:          | ZIP:   |
| START DATE:                       | END DATE:    | JOB TITLE:      |        |
| STARTING WAGE:                    | ENDING WAGE: | MAY WE CONTACT? | YES NO |
| NAME AND TITLE OF SUPERVISOR:     |              | PHONE:          |        |
| DESCRIPTION OF WORK:              |              |                 |        |
|                                   |              |                 |        |
| REASON FOR LEAVING:               |              |                 |        |

|                               |              |                 |        |
|-------------------------------|--------------|-----------------|--------|
| NAME OF PREVIOUS EMPLOYER:    |              |                 |        |
| ADDRESS:                      | CITY:        | STATE:          | ZIP:   |
| START DATE:                   | END DATE:    | JOB TITLE:      |        |
| STARTING WAGE:                | ENDING WAGE: | MAY WE CONTACT? | YES NO |
| NAME AND TITLE OF SUPERVISOR: |              | PHONE:          |        |
| DESCRIPTION OF WORK:          |              |                 |        |
|                               |              |                 |        |
| REASON FOR LEAVING:           |              |                 |        |

|                               |              |                 |        |
|-------------------------------|--------------|-----------------|--------|
| NAME OF PREVIOUS EMPLOYER:    |              |                 |        |
| ADDRESS:                      | CITY:        | STATE:          | ZIP:   |
| START DATE:                   | END DATE:    | JOB TITLE:      |        |
| STARTING WAGE:                | ENDING WAGE: | MAY WE CONTACT? | YES NO |
| NAME AND TITLE OF SUPERVISOR: |              | PHONE:          |        |
| DESCRIPTION OF WORK:          |              |                 |        |
|                               |              |                 |        |
| REASON FOR LEAVING:           |              |                 |        |

I understand and agree that if offered a position, the offer will be contingent upon acceptable results of a drug screen and/or criminal back ground report. I agree to take such test(s) and release the company, its directors, officers, agents or employees from any claim arising from the use of such test(s), other than claims related to privacy violations and/or discrimination under applicable federal and state laws. I understand that in compliance with federal law, the company will provide me with written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports.

I understand that all potential employees are required to take drug screens and/or back ground screens and that, in compliance with federal law, the records of such tests will be kept confidential and the information obtained will not be used to discriminate based on disability, health problems or medical conditions.

I certify the facts contained in this application are true and completed to the best of my knowledge and understand that if employed, falsified statements shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any, and all, information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the ADA and other relevant federal and state laws. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

1928 Technology Drive  
Washington, IN 47501