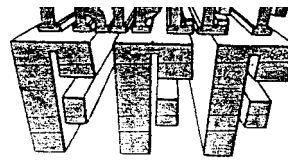


# APPLICATION FOR EMPLOYMENT



Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone (     )
	City, State, Zip			Business Telephone (     )
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: Month and Year _____ Location _____			Social Security #
	Position Desired			Are you of the legal age to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)			

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Membership in Professional or Civic Organizations</b> <i>(Exclude those which may disclose your race, color, religion or national origin)</i>

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<b>1</b>	Company Name	Telephone (     )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for Leaving

<b>2</b>	Company Name	Telephone (     )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for Leaving

<b>3</b>	Company Name	Telephone (     )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for Leaving

<b>4</b>	Company Name	Telephone (     )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>
	Employer Number(s) _____ Reason _____ _____

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying. _____ _____		

## REFERENCES

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Business Name \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Business Name \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Business Name \_\_\_\_\_

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

## MEDICAL INFORMATION

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

After an offer of employment is made (during the 60 day orientation period) applicants will be required to undergo a drug screening test at Company expense and by a physician chosen by the Company, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a drug screening test at Company expense and by a physician chosen by the Company. 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: \_\_\_\_\_

I certify that all statements made on this application (including all information on submitted Resume) are true, correct and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Any misrepresentation or omission when discovered, will subject me to discharge.

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.

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

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

<b>REFERENCE CHECK</b>	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

<b>TEST RESULTS</b>	Tests Administered	Raw Score	Rating	Analysis and Comments

<b>INTERVIEW RESULTS</b>	Interviewer Name and Comments

SELECTFORM, INC. believes that the information solicited from the applicant which lies outside the special section on page 3 is in full compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume responsibility for the user's inclusion in this "Application for Employment" of any question which may violate Federal, State or local laws and users should consult their own counsel with respect to any legal questions concerning the use of this form.