



**BUSINESS / PERSONAL**

Give the names of three persons not related to you, who may be contacted for a reference.

Name	Address	Phone	Occupation	Years Acquainted
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Would you prefer: Full Time Employment? \_\_\_\_\_ Part Time Employment? \_\_\_\_\_

List all hours you would available for work. \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? \_\_\_\_\_ If so, explain. \_\_\_\_\_

U.S. Military \_\_\_\_\_ Present Membership in  
Naval Service \_\_\_\_\_ Rank \_\_\_\_\_ National Guard or Reserves \_\_\_\_\_

In case of emergency notify:

Name	Address	Phone NO.
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I authorize full investigation of this application and give permission for you to contact my references, previous employers and schools attended.

I agree that any misstatement of omission of any information requested in this application shall be valid reason for rejection of this application or discharge after employment.

In the event I am employed, I agree to accept employment conditions of the company, now existing, or established in the future, including transfer from one location to another when directed by the company.

No question on this application is asked for the purpose of limiting or excluding any applicants consideration for employment for reasons proscribed by federal, state or local law.

Anytime an employee is involved in a work place accident or employment related accident that causes an injury requiring a physician's treatment or a material loss' the employee will be required to undergo testing for the presence of alcohol, drugs or controlled substances in their system.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature