



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

Personal Information

Date: _____

Name: _____

Last

First

Middle

Present Address: _____

Street

City

State

Zip

Previous Address: _____

Street

City

State

Zip

Phone No.: _____

Referred By: _____

Are you 18 years of age or older? Yes No

Employment Desired

Date You

Salary

Position: _____

Can Start: _____

Desired: _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Ever applied to this company before? Yes No Where? _____ When? _____

Do you have any relatives currently employed with our company? Yes No

Are you a U.S. Citizen? Yes No If no, type of visa/work permit: _____

How did you learn of this position opening? Walk in Job Service Advertisement Other

Will you work overtime if asked? Yes No Are you available for evening shift, weekend and

holiday work if asked? Yes No If no, specify which time you could not work: _____

General

Subjects of Special Study or Research Work: _____

Job Related Skills (typing, driver's license, etc.) _____

Activities Other than Religious (Civic, Athletic, etc.) _____

Exclude organizations, the name or character of which indicates the race, sex, color or national origin of its members.

Education

Name and location of School		Circle last year completed	Did you graduate?	Subjects studied and Degree(s) Received
Grammar School			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
Trade, Business or Other School		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	

Former Employers *List below your last four employers, starting with your most current employment.*

Date Month & Yr	Name and Address of Employer	Ending Salary	Position	Reason for Leaving
From:				
To:				
Supervisor's Name:			Phone No.:	

Date Month & Yr	Name and Address of Employer	Ending Salary	Position	Reason for Leaving
From:				
To:				
Supervisor's Name:			Phone No.:	

Date Month & Yr	Name and Address of Employer	Ending Salary	Position	Reason for Leaving
From:				
To:				
Supervisor's Name:			Phone No.:	

Date Month & Yr	Name and Address of Employer	Ending Salary	Position	Reason for Leaving
From:				
To:				
Supervisor's Name:			Phone No.:	

If there are any periods unaccounted for, please explain:

Professional References *Please give the names of three professional references who are not relatives.*

Name	Occupation/Company	Phone No.	Relationship (Supervisor, etc.)

CERTIFICATION AND AGREEMENT - Read Carefully and Sign

I certify that all the information I have provided on this application and accompanying documents are true and correct.

I authorize all previous employers to furnish Reliatrace, Inc., to the extent permitted by Federal and State law, my reason for leaving, my performance history, and all other information they may have concerning my employment with them. I also understand that my employment may be contingent upon satisfactory completion of credit, education and criminal background checks. I release all of my previous employers, educational institutions, credit agencies and Reliatrace, Inc. from all liability that may arise from such investigations.

By signing this application, I authorize Reliatrace, Inc. to make investigations and I indicate my awareness that false statements or failures to disclose certain information may be sufficient to disqualify me from employment, or if employed, may result in my dismissal.

I understand that employment is at will, that it is not guaranteed at any term and that my employment may be terminated by Reliatrace, Inc. or myself at any time and for any reason. I understand that neither this form nor statements by representatives of Reliatrace, Inc. constitutes an employment contract.

If I am offered employment, I agree to submit to a drug test before starting work. If employed, I also agree to submit to a drug test at any time deemed appropriate by Reliatrace, Inc. and as permitted by law. I consent to such tests and I request that the examining doctor disclose to Reliatrace, Inc. the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory drug test results and if I am hired, a condition of my employment will be that I abide by Reliatrace, Inc.'s Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate Reliatrace, Inc. to hire. If hired, I agree to abide by all company work rules, polices and procedures. Reliatrace, Inc. retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature

Date

Printed Name