



APPLICATION FOR EMPLOYMENT

<i>PERSONAL INFORMATION</i>							
Last Name		First Name		MI	Social Security Number		
Present Address / Box		City			State	ZIP Code	
Permanent Address / Box		City			State	ZIP Code	
Telephone Number		Cell Phone Number		Email			
Are you 21 years of age or older?				Yes	No		
If hired, can you provide written evidence that you are authorized to work in the United States				Yes	No		
<i>GENERAL INFORMATION</i>							
Position applying for (Be Specific):			Date you can start:		Salary or wage expected:		
Circle to position you are willing to accept:				Full Time	Part Time		
Please fill in the times you are available for work each day.							
Hours Available:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							
Do you have any objection to working overtime if necessary?				Yes	No		
Can you travel if required by this position?				Yes	No		
<i>EDUCATION / TRAINING</i>							
Circle highest grade completed:		7 8 9 10 11 12 GED 13 14 15 16 17 18					
Name of School	Course of Study			Degree, Certificate, Occupational License			
Subjects of special study or research work:							
Special skills / abilities / equipment / software operated:							
List any other certifications or qualifications which should be considered:							

Please attach a resume as a supplement. All applicants must submit an application on our form.



Are you presently employed? Yes No | If yes may we contact your present employer? Yes No
PLEASE COMPLETE THE WORK HISTORY SECTION STARTING WITH YOUR PRESENT OR MOST RECENT JOB (List all Positions)

Company:		City:	
Title:		Hours Worked Per Week:	
Date Started:	Month	Year	Wage: \$ Per
Dated Ended:	Month	Year	Reason for Leaving:
List specific tasks completed on the job:		Machines / Equipment You Have Operated:	
Supervisor:		Supervisor Phone #:	
Company:		City:	
Title:		Hours Worked Per Week:	
Date Started:	Month	Year	Wage: \$ Per
Dated Ended:	Month	Year	Reason for Leaving:
List specific tasks completed on the job:		Machines / Equipment You Have Operated:	
Supervisor:		Supervisor Phone #:	
Company:		City:	
Title:		Hours Worked Per Week:	
Date Started:	Month	Year	Wage: \$ Per
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Supervisor:		Supervisor Phone #:	
Company:		City:	
Title:		Hours Worked Per Week:	
Date Started:	Month	Year	Wage: \$ Per
Dated Ended:	Month	Year	Reason for Leaving:
List specific tasks completed on the job:		Machines / Equipment You Have Operated:	
Supervisor:		Supervisor Phone #:	



Please attach additional sheets if you have greater than six (6) previous places of employment.

Please summarize any other work history you may have.

REFERENCES: Please list below three individuals who are not related to you and are not previous employers.

Name	Address	Telephone Number

How were referred to our company?

Do you have any relatives who are employed by our company? If so, please specify.

Have you ever been previously employed by our company? Yes No



Application Acknowledgement and Release

THIS APPLICATION DOES NOT CONSTITUTE A WRITTEN EMPLOYMENT AGREEMENT.

In the event that the applicant agrees to accept a position with the company, the applicant agrees that the employment relationship between the company and the employee is an at-will relationship and that the employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or the employee.

I certify that the information contained in this application is correct. If the company determines that any of the information submitted in this application is false, I shall be immediately disqualified from consideration for employment and / or discharged from employment in accordance with the company's policy.

I hereby understand and authorize NDEMSEA to thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, schools, and companies named therein, except my current employer if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information. I also acknowledge and release NDEMSEA and any of its agents, employees, or any other persons acting on behalf of NDEMSEA from any and all liability related to any investigation of the information contained in this application, on related papers, and in interviews.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within seven days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature of Applicant

Date