

EMPLOYMENT APPLICATION

SI USTED NO SABE LEER EN INGLÉS, SOLICITE UNA APPLICACIÓN EN ESPAÑOL

You will be considered for employment without regard to race, color, religion, sex, national origin or age. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than 65 years of age.

The information contained in the Employment Application is vital to your employment with The Company. All documents must be filled out completely and signed by you BEFORE employment can be considered.

New Hire: _____ Re-Hire: _____ Applicant Name: _____

SS #: _____ DOB: _____ Driver's License State and #: _____

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Alternate Phone #: _____

Emergency Contact: _____ Emergency Contact Relationship: _____

Emergency Phone #: _____

Medical Authorization

I authorize full access to copies of medical records, radiology reports, drug/alcohol screening and documents of any kind relating to my past or present injury/illness to The Company. I hereby agree to release this information.

Applicant Signature Printed Name Date

EEOC: (For Government Required Statistical Reporting Information Only) Male: _____ Female: _____

Hispanic: _____ Black/African American: _____ White: _____ Native Hawaiian/ Pacific Islander: _____

Asian: _____ American Indian / Native Alaskan: _____ Two or More Races: _____