



DROP INN CENTER APPLICATION

An Equal Opportunity Employer – M/F/V/D

EEO STMT Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability. All qualified applicants will be given equal opportunity and selection decisions are based on job-related factors. This program follows the rules and regulations governing fair employment practices, your right to privacy shall be respected and the results of inquiries shall be treated in confidence by the program.

INSTR. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT, EXCEPT FOR SIGNATURE ON BACK OF APPLICATION. All information you give on this application will be held in strict confidence.

PERSONAL DATA

Name _____ Social Security No. _____
 Last First Middle

Present address _____ Telephone No. _____
 No. Street City State Zip

Are you legally eligible for employment in the U.S.? Yes No Are you 18 years of age or older? Yes No

If hired, can you furnish proof of eligibility to work in the U.S.? Yes No

POSITION APPLIED FOR

Position(s) applied for _____ Rate of pay expected \$ _____ per week

Are you seeking: Full-time Part-Time Specify days and hours if part-time _____

Will you work any shift? Yes No If Yes, shift preferred _____ If No, shift you will work _____

If your application is considered favorable, on what date will you be available for work? _____

Are there any other experiences, skills or qualifications which you feel are related to the job for which you are applying? _____

EDUCATION	NAME	LOCATION	YRS COMPLETED	MAJOR/DEGREE
	High School			
College				
Other School				
Other Training or Skills (Machines Operated, Special Courses, etc.)				

MILITARY

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From (mo/day/year) _____ To (mo/day/year) _____ Rank at discharge _____

List duties in the service including special training: _____

GENERAL

Were you ever employed here before? Yes No When? _____

Have you ever applied here before? Yes No When? _____

Have you ever been convicted of any law violation? (except a minor traffic violation) Yes No

If yes, give details _____
 (A yes answer will not automatically disqualify you since the nature of the offense, date and the job for which you are applying will be considered.)

If you have worked or attended school under any other name, please give name _____

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

How were you referred to us? _____

For Driving Jobs Only

If the job requires, do you have a valid driver's license? Yes No Driver's License No. _____ State _____

EMPLOYMENT HISTORY

PLEASE LIST ALL HISTORY STARTING WITH PRESENT OR MOST RECENT EMPLOYER.
ACCOUNT FOR ALL PERIODS, INCLUDING UNEMPLOYMENT & SERVICE WITH THE U.S. ARMED FORCES.
USE ADDITIONAL SHEET IF NECESSARY

DATES	EMPLOYER NAME, ADDRESS & PHONE	NAME OF SUPERVISOR	DESCRIBE MAJOR DUTIES	WAGES	REASON FOR LEAVING
FROM _____ MO. YR.				Starting \$	
TO _____ MO. YR.				Final \$	
FROM _____ MO. YR.				Starting \$	
TO _____ MO. YR.				Final \$	
FROM _____ MO. YR.				Starting \$	
TO _____ MO. YR.				Final \$	

REFERENCES: Give the names of three persons not related to you, whom you have known for at least one year.

NAME	ADDRESS	Years Known	PHONE NUMBER
1.			
2.			
3.			

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment for disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination.

Applicant's Signature _____

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause, the employer's only obligation being to pay salary or wages due at the time of termination.

Date _____

DO NOT WRITE BELOW THIS LINE - FOR COMPANY USE ONLY

Interviewed by _____ Date _____

Interviewer's remarks and recommendations _____

Hired: Yes No Approved by _____ Date Employed _____ Starting Rate _____ per _____