

EMPLOYMENT APPLICATION FORM

(Please Print)

PERSONAL INFORMATION

Last Name:	First Name:	Middle Initial:
Present Address (Street, City, State, Zip):		
Former Address, if at current address less than two (2) years (Street, City, State, Zip):		
Home Phone #:	Work Phone #:	Social Security #:

Are you legally authorized to work in the United States? () Yes () No
Are you 18 years of age or older? () Yes () No If no, DOB: ____/____/____
Have you ever worked for us before? () Yes () No If yes, when and where?
Is there a relative or member of your household employed by us? () Yes () No If yes, list name(s) and location(s):
Have you ever been convicted of a crime, other than a minor traffic violation? () Yes () No If yes, list details (Checking "yes" is not a disqualification, but is considered as part of your overall qualification as relevant to the job):
Can you perform the essential functions of the job applied for with or without a reasonable accommodation? () Yes () No

Why are you interested in working for us?

Position desired _____ Salary desired _____ Date available for work _____

AVAILABILITY							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
Until							

EDUCATION and TRAINING

School:	Name and Location of School:	# of years completed	Degree?	Type of Course / Major
High School				
College/ University				
Additional Training				

Please list any skills which may be an asset to this job.

WORK EXPERIENCE

List your work experience beginning with your most recent position (attach additional sheet if necessary):

Dates	Name and Address of Employer	Position Held Supervisor Name	Wages	Reason for Leaving
From: _____ / _____ mo. yr.	Name _____ Address _____	Your Job Title: _____	Starting: _____	
To: _____ / _____ mo. yr.	Phone # _____ Zip _____	Supervisor: _____	Final: _____	
From: _____ / _____ mo. yr.	Name _____ Address _____	Your Job Title: _____	Starting: _____	
To: _____ / _____ mo. yr.	Phone # _____ Zip _____	Supervisor: _____	Final: _____	
From: _____ / _____ mo. yr.	Name _____ Address _____	Your Job Title: _____	Starting: _____	
To: _____ / _____ mo. yr.	Phone # _____ Zip _____	Supervisor: _____	Final: _____	

Have you ever been asked to leave a job? () Yes () No If yes, list details:	How many jobs have you had in the last 5 years?
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Reference (not related to you):	Reference (not related to you):
Address (street, city, state, zip):	Address (street, city, state, zip):
Phone #:	Job Title:
Phone #:	Job Title:
How acquainted and how long?	How acquainted and how long?

AGREEMENT

I certify that all of the information that I have supplied on this application is true and complete to the best of my knowledge and that I have not knowingly withheld any information which, if known to the Company, would affect my application unfavorably. I understand that any false, misleading and/or incomplete statements on this application and/or in any interview constitute sufficient cause for the Company not to employ me, or if I am employed, to terminate my employment.

I understand and agree that if I am hired in any capacity, my employment is at-will and my employment and compensation can be terminated with or without cause or notice at any time at the option of the Company or me. I also understand that no Company representative has any authority to enter into any agreement for employment for a specific period of time, to assure any benefits or terms and conditions of employment, or to make any agreement contrary to the foregoing.

I authorize investigation of all the information I have supplied on this application and all other information which the Company deems to be relevant to my qualification for employment. I understand that if an investigative report is requested from a consumer reporting agency, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation requested. I release the Company and all other persons from any and all liability for any damage that may result from the information being furnished to the Company.

I agree to take any lawful examination or test, including any drug test, required by the Company as a condition of my being hired, or I am hired, as a condition of my continued employment. I further agree that my refusal to take any such lawful examination or test will constitute sufficient cause for the Company not to employ me, or if I am employed, to terminate my employment. I release the Company and all others from any and all liability for any damage that may result from any lawful examination or test.

If I am employed, I agree that in consideration for my employment, I will conform to the regulations of the Company, I understand that those rules and regulations may be amended or repealed at any time, at the Company's sole option and without prior notice to employees.

DATE: _____ SIGNATURE: _____

United Skates of America, Inc. is an Equal Opportunity Employer and offers equal employment opportunity to all persons without regard to race, color, age, religion, sex, sexual orientation, ancestry, national origin, disability, marital status or veteran status. Federal, state and local laws prohibit these and other forms of discrimination and it is our policy to comply with these laws and the information requested on this application will not be used for any purpose prohibited by law. Your application will be considered active for 30 days. For consideration after that, you must reapply.