

**ECONOMY PRODUCTS COMPANY
Application For Employment**

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

Applicants May Be Tested For Drugs

PLEASE COMPLETE ALL PAGES				
Name: _____			Date: _____	
Last	First	Middle Initial	Maiden	
Present Address: _____				
Number - Street		City	State	Zip
How Long? _____	Social Security Number: _____		-	-
Telephone: _____	Alternate Telephone: _____			
If under 18, please list age: _____				
Position applied for : _____		Days/Hours available to work:		
Salary desired: _____		No preference _____	Thurs _____	
		Mon _____	Fri _____	
		Tues _____	Sat _____	
		Wed _____	Sun _____	
How many hours can you work weekly? _____ Can you work nights? _____				
Employment desired: _____ Full-time Only _____ Part-time Only _____ Full or Part-time				
When are you available for work? _____				

<i>Type of School</i>	<i>Name of School</i>	<i>Location</i>	<i>Years Completed</i>	<i>Major/Degree</i>
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Business/Trade:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ No _____ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to convictions(s), how recently such offense(s) were committed, sentence(s) imposed, and types(s) of rehabilitation. _____

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MILITARY

Have you ever been in the Armed Forces? _____ Yes _____ No
Are you now a member of the National Guard? _____ Yes _____ No

Specialty: _____ Date Entered _____ Date Discharged _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Contact Name: _____

Employment Dates:
From: _____ To: _____
Beginning Pay: _____ Ending Pay: _____
Job Title: _____

Reason for Leaving: _____
Job Duties: _____

Advancements/Promotions: _____

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Job Duties: _____	

Advancements/Promotions: _____	

May we contact your present employer? Yes No
Did you complete this application yourself Yes No
If not, who did? _____

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Please list two references other than relatives or previous employers.

Name: _____
Address: _____
Phone: _____
Position: _____
Company: _____
Years Known: _____

Name: _____
Address: _____
Phone: _____
Position: _____
Company: _____
Years Known: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE READ AND UNDERSTAND THIS STATEMENT BEFORE SIGNING YOUR APPLICATION

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 6 months. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with the terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Date

Applicant Signature