## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
We will not use as a basis for employment decisions any information regarding race, color, sex, religion, age, national origin, marital status, public assistance disability, or disability.

NAME IN FULL	(FIRST)	(MIDDLE INITIAL	)	(LAST)							
PRESENT ADDRESS	(STREET)	CITY STATE			ZIP CODE	TELEPHONE NUMBER					
U.S. CITIZEN	WHAT TYPE OF VISA?		WHA	T PROMPTED TH	IS APPLICA	ATION?					
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EMPLOYMENT HISTORY (GIVE LAST OR PRESENT POSITION FIRST)

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ADDRESS CITY STATE ZIP CODE	NAME			TELEPHONE NUMBER	
	ADDRESS	CITY	STATE	ZIP CODE	

## UNDERSTANDING

I understand that if I am employed my employment will be conditional and not for any definite or guaranteed period of time. I realize that my signature will be your authorization to research statements that I have made in this application.

Furthermore, it is understood and agreed that any misrepresentation by me in this application could be cause for cancellation of the application and/or for separation from the Company's service if I have been employed.

I further agree to wear and maintain such personal protective equipment as may be provided by the company; for instance, hard hat, safety belt, etc., and to return same to the company on termination of my employment.

SIGNATURE	DATE