

EMPLOYMENT APPLICATION



NAME _____

PRESENT ADDRESS _____

CITY _____

STATE _____

SOCIAL SECURITY NUMBER _____

ZIP CODE _____

HOME PHONE NUMBER _____

MESSAGE PHONE NUMBER _____

DO YOU HAVE THE RIGHT TO WORK IN THE U.S.? YES NO

ARE YOU A VETERAN? YES NO

EDUCATION

HIGH SCHOOL

LOCATION _____

GRADUATE? YES NO

H.S. GED? YES NO

IF NO, YEARS COMPLETED _____

COLLEGE/UNIVERSITY

LOCATION _____

GRADUATE? YES NO

IF NO, YEARS COMPLETED _____

DEGREE _____

SPECIAL COURSES/MAJOR FIELD _____

OTHER TRAINING (INCLUDING MILITARY OR VOCATIONAL/TECHNICAL SCHOOL) _____

EMPLOYMENT

SPECIFIC POSITION FOR WHICH YOU ARE APPLYING _____

MINIMUM WAGE EXPECTED _____

CAN YOU TRAVEL? YES NO

CAN YOU WORK VARIOUS SHIFTS? YES NO

WHICH SHIFT IS PREFERRED? 1ST 2ND 3RD

LIST SPECIAL SKILLS AND EQUIPMENT YOU CAN OPERATE. (i.e., TYPING, SHORTHAND, HEAVY EQUIPMENT, OFFICE MACHINES, etc.)

LIST CERTIFICATIONS OR LICENSE NUMBERS _____

IF PRESENTLY EMPLOYED SHOW DAYS AND HOURS YOU WORK.

SUN MON TUES WED THURS FRI SAT

HOURS _____ OR SHIFT 1st 2nd 3rd

EMPLOYMENT RECORD

LIST EMPLOYMENT BEGINNING WITH PRESENT JOB. (INCLUDING MILITARY EXPERIENCE)

EMPLOYER	JOB TITLE	START DATE	WAGES
	DUTIES		
CITY		ENDING DATE	
STATE	PHONE NUMBER	REASON FOR LEAVING	
EMPLOYER	JOB TITLE	START DATE	WAGES
	DUTIES		
CITY		ENDING DATE	
STATE	PHONE NUMBER	REASON FOR LEAVING	
EMPLOYER	JOB TITLE	START DATE	WAGES
	DUTIES		
CITY		ENDING DATE	
STATE	PHONE NUMBER	REASON FOR LEAVING	
EMPLOYER	JOB TITLE	START DATE	WAGES
	DUTIES		
CITY		ENDING DATE	
STATE	PHONE NUMBER	REASON FOR LEAVING	
EMPLOYER	JOB TITLE	START DATE	WAGES
	DUTIES		
CITY		ENDING DATE	
STATE	PHONE NUMBER	REASON FOR LEAVING	
EMPLOYER	JOB TITLE	START DATE	WAGES
	DUTIES		
CITY		ENDING DATE	
STATE	PHONE NUMBER	REASON FOR LEAVING	

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

Have you ever pled guilty or "no contest" to a crime before? YES NO If yes, please give date and details of each

Note: Answering "yes" to this question does not constitute an automatic bar to employment.

Do you have any friends or relatives working here? YES NO IF YES, WHO?

How did you hear about NES? _____

Name of Referral _____

REFERRALS OF FRIENDS AND/OR ASSOCIATES

NAME AND CONTACT INFORMATION (1) _____ Phone _____

Who do you know?

(2) _____ Phone _____

REFERENCES

LIST THREE SUPERVISORS FAMILIAR WITH YOUR WORK OR JOB-RELATED SKILLS.

NAME	OCCUPATION	COMPANY	ADDRESS	PHONE NO.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right.

I understand that the Company reserves the right to require me to submit to a pre-employment drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I consent to the release of the results of any such test(s) to the Company.

I understand that the Company may investigate my driving record, my criminal record and my credit history, and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request with a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand that the Company may contact my previous employers. I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them, and I release them from liability for providing such information. I also authorize the Company to provide truthful information concerning my employment with it to my prospective employers and I agree to release the Company from liability for providing such information.

I certify that all of the information I provide on this application and in my interview will be true and accurate. I understand that if any such information is found to be false or misleading in any respect, I will be disqualified from consideration for employment of subject to immediate dismissal if I am already employed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

DATE

SIGNATURE OF APPLICANT