

	Yes	No
Are you willing to take a pre-employment security interview test?		
Are you willing to take a polygraph exam in the event a theft occurs in the work area?		
Have you ever been convicted of a felony?		
Have you ever been bonded?		
I authorize this company to request a copy of my credit rating? I understand the information contained therein may be used as a factor in the hiring decision. I also understand that if my application for employment is denied based upon the information in my credit report, this company will provide me a copy of the report and the telephone number of the agency which supplied the report so that I may dispute any inaccurate information.		

Driver Section (to be completed by vehicle drivers only)

Name As Shown On License:	Type License:	License No.	State Issued:	Restrictions?
For positions requiring insurability as a driver, I understand a motor vehicle report must be run on my driving record. I authorize this company to run a motor vehicle report. The information received will be used solely to determine insurability as a driver. Should the information received not meet the guidelines and standards as set forth by this company's insurance carrier, the offer of employment for the position requiring insurability as a driver will be withdrawn. Should an employee later become uninsurable as a driver due to traffic violations, irrespective of fault, or any other reason, the employee will be subject to immediate termination of employment.				

Emergency Notification

In Case Of Emergency, Notify:	Address:	Telephone No.

Safety

	Yes	No
I agree to abide by the safety rules of this company. In the event a work place accident occurs, I understand there are pre-determined medical facilities I will use (specific state law will apply). If injured, I authorize my employer to use best judgment for treatment unless I instruct otherwise. Understand that in the event of an accident or injury, a post accident drug test is mandatory. Unless totally incapacitated, I understand it is my responsibility to ensure the treating facility performs the post accident drug test. I further understand that any DOT regulated position will require drug & alcohol testing. In signing this application, I give my permission for the treating facility to release the results of the post accident testing to the company representative.		
I understand this company does require pre-employment, random, post-injury, post accident, and good cause testing as a part of the Drug & Alcohol Policy. I agree to abide by these guidelines.		

I understand employees of this company are hired on a 180-day probationary period. Vacation benefit will not begin until the 181st day of employment.

I understand no employment contract is intended or created by statements made during the hiring process or during future employment with this company. I understand employment can be terminated by either party at will at any time.

Please read the following statements carefully prior to signing this application.

I declare that I have answered all questions on this application accurately and to the best of my knowledge. I understand that the omission or misrepresentation of any fact in this application for employment will be sufficient reason for employment to be denied. I also understand agree that should I become employed and it is later discovered I have omitted or misrepresented any fact in this application, in any supplement thereto, or in any other record, this will be considered misconduct and employment will immediately be terminated upon discovery of such omission or misrepresentation. I further declare that I have read and understand all statements contained in this application and understand they are conditions of employment with this company.

I have read the above, understand it, and agree to it.

Applicant Signature: _____ Date: _____

**DO NOT WRITE BELOW THIS LINE WHEN COMPLETING THE APPLICATION.
THIS SECTION IS TO BE COMPLETED WHEN A CONDITIONAL JOB OFFER HAS BEEN MADE.**

Conditional Job Offer

Based on your request for employment and a preliminary interview, you are hereby offered employment with our company. This offer is conditioned upon our verifying the answers on your application for employment and on the additional medical inquiry questionnaire form. False or misleading answers or your not having a safety or accident record satisfactory to us, unrelated to a disability, are grounds for rescinding this offer or termination of employment.

Applicant Signature: _____ Date _____

Employer Signature: _____ Date: _____