

APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State		ZIP	
Phone			E-mail Address			
Date Available		Desired Salary		Position Applied for		
Referral Source (how did you hear about us?)				Driver's License #		
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			

EDUCATION

High School				Address		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

REFERENCES: PLEASE LIST TWO PROFESSIONAL REFERENCES

Full Name			Relationship			
Company			Phone			
Address						

Full Name			Relationship			
Company			Phone			
Address						

MILITARY SERVICE

Branch					
Rank at Discharge				Type of Discharge	
If other than honorable, explain					

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certifications that may assist you in performing the position for which you are applying.

PREVIOUS EMPLOYMENT

Company		Phone	From	To
Address		Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities		Reason for Leaving		

Company		Phone	From	To
Address		Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities		Reason for Leaving		

DRUG FREE WORKPLACE AND DISCLAIMER AND SIGNATURE

I understand that Columbiana Service Company, LLC is a Drug Free Workplace and that passing a pre-employment drug test is a requirement of employment if this application leads to a job offer with the company. I also understand that if this application leads to a job offer, I am subject to all Drug Free Workplace Policies and Procedures of Columbiana Service Company, LLC, including the pre-employment drug test and any random drug testing done by the company.

By signing this application, I certify that I have read and fully understand and accept Columbiana Service Company, LLC's Drug Free Workplace Policy.

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on the application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only **30 days**. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in the regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant	Date
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