



An Equal Opportunity Employer

Date

LAST

**PERSONAL INFORMATION**

NAME (LAST NAME FIRST)			
<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER ( )	Are you 18 years or older?		YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, PLEASE EXPLAIN : _____			

FIRST

**EMPLOYMENT DESIRED**

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>	MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	OTHER CONCERNS:
HAVE YOU APPLIED AT CL LINFOOT CO BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE?	WHEN?
REFERRED BY		
ARE YOU AVAILABLE TO WORK : What Days?	FULL TIME _____ PART TIME _____ TEMPORARY _____ SUN MON TUE WED THU FRI SAT	
additional comments regarding availability:		
DO YOU HAVE A VALID DRIVERS LICENSE	YES <input type="checkbox"/> NO <input type="checkbox"/>	
US MILITARY / NATIONAL GUARD SERVICE	YES <input type="checkbox"/> NO <input type="checkbox"/>	RANK

M.I.

**EDUCATION HISTORY**

NAME AND LOCATION OF SCHOOL	Circle Last year ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL	1 2 3 4		
COLLEGE	1 2 3 4		
TRADE, BUSINESS SCHOOL	1 2 3 4		

**GENERAL INFORMATION**

SPECIAL SKILLS

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES** (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	Years Known
1			
2			
3			

**AUTHORIZATION**

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION SUBMITTED BY ME ARE TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANYTIME AS PERMITTED BY "AT WILL" EMPLOYMENT STATUTES. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE C.L. LINFOOT OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANYTIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

I UNDERSTAND THAT ANY EMPLOYMENT IS CONDITIONED ON A BACKGROUND CHECK. I AUTHORIZE C.L. LINFOOT TO THOROUGHLY INVESTIGATE ALL STATEMENTS CONTAINED IN MY APPLICATION OR RESUME, AND I AUTHORIZE MY FORMER EMPLOYERS AND REFERENCES TO DISCLOSE INFORMATION REGARDING MY FORMER EMPLOYMENT, CHARACTER AND REPUTATION TO C.L. LINFOOT. I RELEASE C.L. LINFOOT, ANY FORMER EMPLOYERS AND ALL ALL REFERENCES LISTED ABOVE FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR RELATED TO SUCH INVESTIGATIONS.

IF I AM OFFERED EMPLOYMENT I AGREE TO SUBMIT TO A MEDICAL EXAMINATION AND DRUG TEST BEFORE STARTING WORK. I ALSO AGREE TO SUBMIT TO A MEDICAL EXAMINATION OR DRUG TEST AT ANY TIME DEEMED APPROPRIATE BY C.L. LINFOOT AND AS PERMITTED BY LAW. I CONSENT TO SUCH EXAMINATIONS AND TESTS, AND I REQUEST THAT THE EXAMINING DOCTOR DISCLOSE TO C.L. LINFOOT THE RESULTS OF THE EXAMINATION WHICH RESULTS SHALL REMAIN CONFIDENTIAL AND SEGREGATED FROM MY PERSONAL FILE. I UNDERSTAND THAT MY EMPLOYMENT OF CONTINUED EMPLOYMENT, TO THE EXTENT PERMITTED BY LAW, IS CONTINGENT UPON SATISFACTORY MEDICAL EXAMINATIONS AND DRUG TEST, AND IF I AM HIRED A CONDITION OF MY EMPLOYMENT WILL BE THAT I ABIDE BY C.L. LINFOOTS DRUG AND ALCOHOL ABUSE POLICY.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY \_\_\_\_\_

DATE \_\_\_\_\_

REMARKS \_\_\_\_\_

\*\*Applications held for 30 days only\*\*