

PLEASE PRINT

NAME (LAST)	FIRST	MIDDLE	SOCIAL SECURITY NO.	DATE
ADDRESS	STREET	CITY	STATE	ZIP
			PHONE AREA CODE ()	

POSITION OBJECTIVE

POSITION DESIRED	SALARY EXPECTED	DATE AVAILABLE FOR EMPLOYMENT	
STATUS DESIRED	SHIFT DESIRED (Check One)	HAVE YOU EVER WORKED FOR THIS COMPANY	VETERAN?
FULL TIME PART TIME	DAY SHIFT EVENINGS NIGHT SWING	NO YES WHEN _____	YES NO

How did you hear of this job? Newspaper Internet Employee Referral Other: _____

Names of friends or relatives working for this company: _____

Do you have the legal right to work in the U.S.? Yes No

PERSON TO NOTIFY IN CASE OF EMERGENCY	ADDRESS	PHONE ()
CONVICTION OF ANY CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT		
Have you ever been convicted of a misdemeanor that resulted in imprisonment, and/or any felony?		Yes No
If yes, explain: _____		

SKILLS

Shop equipment operated: _____

Office equipment operated: _____

Warehouse equipment operated: _____

Projects/ Accomplishments: _____

Other training: _____

EDUCATIONAL RECORD

SCHOOL ATTENDED	NAME	ADDRESS	CIRCLE LAST GRADE COMPLETED				DEGREE EARNED	MAJOR
			1	2	3	4		
Last High School			1	2	3	4		
Junior College			1	2				
College or University			1	2	3	4		
Graduate School			1	2	3	4		
Trade School			1	2	3	4		

Adult Education or Special Training: _____

Computer Skills: _____

WORK EXPERIENCE
LIST ALL JOBS ACCOUNT FOR PERIODS OF UNEMPLOYMENT

FORMER EMPLOYERS (BEGIN WITH THE MOST RECENT)	RATE OF PAY	JOB DUTIES	DATE EMPLOYED	REASON FOR LEAVING
COMPANY NAME	STARTING \$ _____ FINAL \$ _____	TITLE	FROM	
STREET		DUTIES	MONTH YEAR	
CITY STATE ZIP			TO	
TELEPHONE ()			MONTH YEAR	
SUPERVISOR'S NAME AND TITLE				
MAY WE CONTACT ?				
COMPANY NAME	STARTING \$ _____ FINAL \$ _____	TITLE	FROM	
STREET		DUTIES	MONTH YEAR	
CITY STATE ZIP			TO	
TELEPHONE ()			MONTH YEAR	
SUPERVISOR'S NAME AND TITLE				
COMPANY NAME	STARTING \$ _____ FINAL \$ _____	TITLE	FROM	
STREET		DUTIES	MONTH YEAR	
CITY STATE ZIP			TO	
TELEPHONE ()			MONTH YEAR	
SUPERVISOR'S NAME AND TITLE				
COMPANY NAME	STARTING \$ _____ FINAL \$ _____	TITLE	FROM	
STREET		DUTIES	MONTH YEAR	
CITY STATE ZIP			TO	
TELEPHONE ()			MONTH YEAR	
SUPERVISOR'S NAME AND TITLE				
PLEASE PROVIDE ANY ADDITIONAL INFORMATION ABOUT YOUR EXPERIENCE AND QUALIFICATIONS YOU FEEL NECESSARY:				

CERTIFICATION

Please read the following carefully before signing this application form and initial all statements:

I hereby authorize seelowprices.com to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I further authorize the reference I have listed to disclose to seelowprices.com any and all reports and information related to my work records. In addition, I hereby release seelowprices.com, my former employers and all other persons or associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that placement in certain departments may require a job related physical examination.

I hereby agree that in the event of employment, any photographs or movies taken of me in conjunction with seelowprices.com shall remain their property.

I certify that my answers to the questions in this application are true to the best of my knowledge and belief. I understand that any false statements or omissions appearing on this or any other employment form or provided during the interview process will be sufficient reason not to hire me and if discovered after my employment, may result in discharge.

I understand that my employment is "at will" which means that, if employed, my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at any option of either the Company or myself. No one other than the President of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. I understand that the policies and procedures of the Company are guidelines for the governance of employment and that the Company retains ultimate and complete discretion in the application and revision of such policies and procedures.

Applicant's Signature X _____

Date _____