

Today's Date _____

Name _____
LAST FIRST MIDDLE SS#

Mailing Address _____
STREET or PO BOX CITY STATE ZIP

Telephone # () _____ Cell phone # () _____

Are you 18 years or older YES ___ NO ___ Can you after employment, submit verification of your legal right to work in the United States? YES ___ NO ___

EMPLOYMENT DESIRED

Position _____ Date you can start? _____ Desired salary _____

Are you employed now? _____ May we contact your employer? YES NO

Have you ever applied with this company before? _____ Where? _____ When? _____

Have you ever worked for any Harris Company before? _____ When? _____

Referred by: _____

The following conditions may be required at some point in a job assignment. if required, would you be willing to work:

- A. Work Nights? Yes ___ No ___ C. Rotational Work Schedule? Yes ___ No ___
B. Work schedule Other Than Mon-Fri Yes ___ No ___ D. Overtime Work? Yes ___ No ___

NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	MAJOR/FIELD OF STUDY
GRAMMAR/HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

US Military Service _____ Rank _____ Currently in National Guard/Reserves _____

Please list any languages that you can either, speak, write and/or understand. _____

Have you ever been convicted of a criminal offense, e.g., felony or serious misdemeanor (please circle)? YES ___ NO ___
(Convictions for marijuana-related offenses that are more than two years of need not to be listed)

If yes, state the nature of the crime(s), when and where convicted and specifics of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) being applied for may, however, be considered.)

References: Give the Names of 3 Persons, Not Related to You, Whom You Have Known at Least One Year

Name	Address & Telephone number	Business	Years Acquainted

EMPLOYMENT HISTORY (LIST BELOW LAST 4 EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST)

Name of employer _____ Telephone (_____) _____

Address _____ Reason for leaving _____

Employment dates: from _____ to _____ Position _____

Ending salary _____

Name of employer _____ Telephone (_____) _____

Address _____ Reason for leaving _____

Employment dates: from _____ to _____ Position _____

Ending salary _____

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Address _____ Reason for leaving _____

Employment dates: from _____ to _____ Position _____

Ending salary _____

Name of employer _____ Telephone (_____) _____

Address _____ Reason for leaving _____

Employment dates: from _____ to _____ Position _____

Ending salary _____

Please Read and Sign Below

I understand that nothing contained in this application or in the granting of an interview creates a contract between the company and me for either employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing by the designated company executive officer. If an employment relationship is established, I acknowledge that no consideration has been furnished to the company for my employment other than my services.

The answers which I have given herein are true and complete. I authorize the company to investigate all statements contained in this application for employment a may be necessary in arriving at an employment decision. I authorize all persons and entities, including but not limited to schools, companies, corporations, credit bureaus and law enforcement agencies, to supply the company with information concerning my background, and I release everyone from liability for any damage that may result from furnishing information to the company.

I understand that if hired: (1) employment could be made contingent on my taking and passing a job-related medical examination and/or test for illegal drug use, either of whose fees the company would pay; (2) my employment would not be for a definite period but would be irrevocably at-will, meaning that I would be discharged at any time, either with or without cause or prior notice; (3) only the president, vice president, or owner has authority to enter into a agreement for employment for any specified period of time and the at-will employment relationship can only be changed in writing and signed by the president, vice president, or owner; (4) I would be required to submit proof of my eligibility to work in the United States; (5) I could be immediately discharged for having given false or misleading information in my application or interview(s); (6) I would be required to obey all rules and policies of the company; (7) except for the term of employment which specifies that my employment with the company would be irrevocably AT WILL, the company could, for any or no reason, change, revoke or add to the terms and conditions of my employment at any time by notifying me of the change, revocation or addition, and by remaining in the company's employment after having to be notified, I will have agreed to the change, revocation or addition.

The foregoing specifies the entire agreement between me and the company on the matters it covers. There are no oral or collateral agreements of any kind. This agreement cannot be modified except in writing.

Date _____ Applicant's Signature _____

The company complies with ADA regulations and will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform the essential functions of the specific position being applied for.