

160 WHITEFORD WAY, LEXINGTON, SC 29072 (803) 951-2099 OFFICE (803) 359-2826 FAX

AN EQUAL OPPORTUNITY EMPLOYER

| | Date | | | | | |
|---|--------------|---|-----|-------------------|------------|--------------|
| Name: | | | | D0 |)B | (Optional) |
| Street Address | | City & State | | Zip Code | | |
| Telephone number where you can be reached or a message left: | | | | | | |
| Description of Past Experience: | | | | | | |
| | | | | | | |
| Are you a Citizen of the United States? Yes No Visa Status | | | | | | |
| Alien Registration No | | CDL License | Yes | No | | |
| Position applied for: | | Minimum Wages Acceptable | | | | |
| When could you begin work? | | What shift would you prefer? 1^{st} 2^{nd} 3^{rd} | | | | |
| Would you work any shift? Yes No Have you worked for our company before? YesNo Date | | | | | | |
| EMPLOYMENT RECORD | | | | | | |
| | Company Name | Employment Date | ТО | Departure Date | Supervisor | Phone Number |
| Present Employer | | | | | | |
| Past Employer | | | | | | |
| Past Employer | | | | | | |
| Military Duty | | | | | | |
| Licenses | | | | | | |
| Additional Information | | | | | | |