

11 E. WASHINGTON STREET LEXINGTON.VIRGINIA 540-464-4401

Thank you for your interest in working with us. We are an equal opportunity employer and will consider all applicants for all positions equally without regard to race, sex, age, religion, national origin, disability, veteran status, or sexual orientation. Because our goal is to match your qualifications with an available position within our company, please answer this application as accurately and thoroughly as possible. Please print or write clearly and sign your name at the end.

GENE	RAL												
NAME: DATE: POSITION:													
SOCIA	L SECU	RITY#					***************************************		TEL.	#			•
ADDR	ESS:							Cir. Cir.				72.	
Street AGE (ONLY IF UNDER 18):							City, State				Zip		
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ARE YOU ELIGIBLE TO WORK LEGALLY IN THE UNITED STATES?: YES NO ARE YOU SEEKING FULL TIME: PART TIME: DATE AVAIL:													
PLEASE CIRCLE DAYS / SHIFTS YOU ARE AVAILABLE TO WORK:													
	AM		AM		AM ·		AM		AM		AM		AM
Mon	PM	Tue	PM	Wed	PM	Thurs	PM	Fri	PM	Sat	PM	Sun	PM
TELL US 3 QUALITIES THAT WILL HELP YOU EXCEL AT YOUR JOB:													
WHAT ARE YOUR IMMEDIATE & FUTURE GOALS? :													
SECU	RITY D	ATA											
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS?													
		SE DESC		qualify you	from empl	loyment.							



EDUCATIONAL BACKGROUND (high school, university or college, trade school, etc.):

SCHOOL NAME	DEGREE ATTAINED	MAJOR STUDIES							
			na jonoroz	1110					
EXTRACURRICULAR ACTIVITIES:									
EMPLOYMENT HISTORY (Please	start with your most ou	mont monition).							
COMPANY NAME	start with your most cu	DATES: FROM/"I	O (MO/YR)						
ADDRESS	PHONE								
JOB TITLE/DESCRIPTION OF DUTIES:									
STARTING SALARY:	ि	NDING SALARY:							
NAME OF SUPERVISOR		MAY WE CONTACT THEM? YES NO							
REASON FOR LEAVING		MIT WE CONTROL THEM: TES							
AEASON FOR LEAVING			·	····					
COMPANY NAME		DATES: FROM/TO (MO/YR)							
ADDRESS		PHONE							
JOB TITLE/DESCRIPTION OF DUTIES:									
STARTING SALARY:	ENDING SALARY:								
NAME OF SUPERVISOR	M	MAY WE CONTACT THEM? YES							
REASON FOR LEAVING									
COMPANY NAME		DATES EDOM/T	O (MO /VP)						
ADDRESS	· · · · · · · · · · · · · · · · · · ·	DATES: FROM/TO (MO/YR) PHONE							
				1113					
JOB TITLE/DESCRIPTION OF DUTIES:									
STARTING SALARY:		IDDIO CALLADY							
NAME OF SUPERVISOR		NDING SALARY: AY WE CONTAC	T THEM?	YES	NO				
	177	TI WE CONTAC	JI TITEMI	1ES	NO				
REASON FOR LEAVING			-13	*****					
CERTIFICATION AND AUTHOR	IZATION:								
I certify that the facts presented in my a understand that, if employed, false statemen to the Employment at Will Doctrine and e cause, for any reason by the employee or	its during my application a employment is not for a de	re grounds for dismisefinite term and may	ssal. I understan	d that the R	ed Hen subscribes				
In making application for employment, I a my employment history, character and quathey wish as a result of this investigation. I defamation, invasion of privacy or any ot	alifications and I give my n addition, I hereby waive	full and complete comy right to bring an	onsent to their	revealing ar	nd all information				
DATE: APPLICANT									