

APPLICATION FOR EMPLOYMENT

Please fill out and mail to:

Advanced Supply Company, Inc.

3045 Union Road

White House, TN 37188

Position Applied For:	Date of Application:
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Last Name:	First Name:	Middle Initial:
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Address:	City:	State:	Zip Code:
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Email:	Cell Phone:	Home Phone:	Work Phone:
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Date Available:	Are you available: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Weekends
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EDUCATION												
	High School				Undergraduate				Graduate			
School Name & Location												
Years Completed	1	2	3	4	1	2	3	4	1	2	3	4
Diploma/Degree												
Course of Study												

Additional Information: State any additional information you feel may be helpful to us in considering your application such as any specialized training; skills; apprenticeships; honors received; professional, trade, business, or civic organizations or activities; job-related military training or experience; foreign languages, etc.
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EMPLOYMENT HISTORY (last employer first)				
Dates	Employer Name & Address	Kind of Work	Salary	Reason for Leaving
From:			\$	
To:			Per	
From:			\$	
To:			Per	
From:			\$	
To:			Per	
From:			\$	
To:			Per	

Additional Remarks:

Do you have the legal right to reside and work in the United States? Yes No
Proof of citizenship or immigration status may be required upon employment.

Applicant's Statement:

I certify that the information given on this application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application, and understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is "at will", which means that I may resign at any time and the employer may discharge me at any time with or without cause. I further understand that this "at will" employment relationship may not be changed orally, by any written document, or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of the organization.

Applicant Signature:

Date: