CORRINGTON ENTERPRISES, LLC

2471 Copper Beech Drive, St. Louis, MO 63131

Tel: (314) 997-5644

Fax: (314) 432-8140

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by federal, state or local law.

PERSONAL INFORMATION

Last Name	First	Middle Initial	Date
Street Addres	s		Home Telephone (incl area code)
City, State, Zi	ip		E-Mail Address
Have you even	r applied for employment with us? No If yes Month & Year:		Social Security Number
Are you avail Yes	able for full-time work? No If not, what hours can you work?		Will you work overtime if asked? Yes No
·	n convicted of any crimes in the past ten years, excluding enses, which have not been annulled, expunged or sealed b No If "Yes", describe in full.		Have you ever been bonded? Yes No If "Yes", with what employers?
Other special	training or skills (languages, machine operation, compute	er applications and/or	software which you can operate, etc.)

EDUCATION & TRAINING RECORD

EDUCATIONAL INSTITUTION	LOCATION	DEGREE	MAJOR	YEAR GRADUATED OR ATTENDED

OCCUPATIONAL LICENSES, REGISTRATION, CERTIFICATES: (Include CDL)

LICENSE / CERTIFICATE	FIELD / TRADE /	LICENSE OR	ISSUE DATE	EXPIRATION
ISSUED BY	SPECIALIZATION	CERTIFICATE NUMBER		DATE

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EMPLOYMENT RECORD

Please list your work experience below starting with your most recent employment and working backwards. Provide a detailed description of regularly assigned, ongoing duties for each job.

EMPLOYER STREET ADDRESS		JOB TITLE			
		Date of Employment (Month/Year)	Average Hours Per Week:	Number of Employees You Supervised	
CITY	STATE	ZIP CODE	From: To:		
SUPERVISOR	R'S NAME			PHONE NUMBER	
		DESCRIPTION	N OF YOUR DUTIES		
REASON FOR	R LEAVING:				
EMPLOYER			JOB TITLE		

EMPLOYER			JOB TITLE		
STREET ADDRESS			Date of Employment (Month/Year)	Average Hours Per Week:	Number of Employees You Supervised
СІТҮ	STATE	ZIP CODE	From: To:		-
SUPERVISOR'S NAM	ΙE			PHONE NUMBER	
		DESCRIPTION O	F YOUR DUTIES		
REASON FOR LEAV	ING:				

EMPLOYER			JOB TITLE		
STREET ADDRESS		Date of Employment (Month/Year)	Average Hours Per Week:	Number of Employees You Supervised	
СІТУ	STATE	ZIP CODE	From: To:		
SUPERVISOR'S NAM	Ē	-		PHONE NUMBER	<u>.</u>
		DESCRIPTION O	F YOUR DUTIES		
REASON FOR LEAVI	NG:				

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PERSONAL REFERENCES (Not Relatives)			
Name	Address		
Title	Place of Employment		
Years Known	Home Telephone	Work Telephone	
Name	Address		
Title	Place of Employment		
Years Known	Home Telephone	Work Telephone	
Name	Address		
Title	Place of Employment		
Years Known	Home Telephone	Work Telephone	

APPLICANT CERTIFICATION THAT INFORMATION IS ACCURATE AND COMPLETE.

I affirm that the information provided on this application (and accompanying resume and notes, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions – oral or written – may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

APPLICANT'S CONSENT TO VERIFY INFORMATION AND RELEASE.

I authorize Corrington Enterprise, LLC, to investigate all statements contained in this application, including records of any former employers, police departments, and other references or sources concerning me. I authorize all references and sources (and the company) to release this information without liability for damage incurred in giving it. I waive any written notice of the release of these records that may be required by state or federal law.

Applicant's Signature