## APPLICATION FOR EMPLOYMENT

## An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

Job Applied for		Today's Date					
Are you seeking: Full-time Part-1	time 🔲 🗆 T	emporary	employment?	When coul	d you start wor	k?	
Last Name	First Name		Middle Name		Teleph	one Number	r
Present Street Address		City		State		Zip	o Code
Email Address							
Are you 18 years of age or older? (If you are hired, you may be required to su						Yes	No [
If hired, you will be required to furnish	proof of yo	ur eligibility to	work in the U.S	S.			
Have you ever applied here before?	Yes 🗌	No 🗌	If yes, when?				
Were you ever employed here?	Yes 🗌	No 🗌	If yes, when?				
Have you ever been convicted of any I Include any plea of "guilty" or "no con			fic violations.) .			Yes 🗌	No [
If yes, give details(A conviction will not necessarily	disqualify an	applicant for en	nployment.)				
If employed, do you expect to be enga or employment outside of our job?						Yes 🗌	No [
If yes, give details							
For Driving Jobs Only: Do you have a	valid driver's	s license?				Yes	No [
Driver's License Number			Class of L	icense	State Lice	nsed In	
Have you had your driver's lic	ense susper	nded or revoke	ed in the last 3 y	ears?		Yes	No [
If yes, give details:							
List professional, trade, business or civreveal race, color, religion, national ori							
LIST NAME AND ADDRESS OF SO	HOOLS		Numbe Year Comple	S	Diploma/ Degree/ Certificate		ojects udied
High School or GED:							
College or University:							
Vocational or Technical:							
What skills or additional training do yo	u have that	relate to the j	ob for which you	ı are applyin	g?		

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers. R NAME OF EMPLOYER JOB TITLE AND DUTIES ADDRESS DATES OF EMPLOYMENT (MO/YR): FROM TΩ н CITY, STATE, ZIP CODE PAY: START \$ FINAL \$ S T SUPERVISOR(S) **TELEPHONE** Reason For Leaving 0 R NAME OF EMPLOYER JOB TITLE AND DUTIES ADDRESS DATES OF EMPLOYMENT (MO/YR): FROM TO CITY, STATE, ZIP CODE PAY: START \$ FINAL \$ SUPERVISOR(S) **TELEPHONE** Reason For Leaving NAME OF EMPLOYER JOB TITLE AND DUTIES **ADDRESS** DATES OF EMPLOYMENT (MO/YR): FROM TO CITY, STATE, ZIP CODE PAY: START \$ FINAL \$ SUPERVISOR(S) **TELEPHONE** Reason For Leaving NAME OF EMPLOYER JOB TITLE AND DUTIES **ADDRESS** DATES OF EMPLOYMENT (MO/YR): FROM TO CITY, STATE, ZIP CODE PAY: START \$ FINAL \$ SUPERVISOR(S) **TELEPHONE** Reason For Leaving

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Have you worked or attended school under any other names?	Yes	No 🗌	
If yes, give names:			
Are you presently employed?	Yes	No 🗌	
If yes, whom do you suggest we contact?			
ii yes, wildii do you suggest we contact?			
Have you ever been fired from a job or asked to resign?	Yes 🗌	No 🗌	
If yes, please explain:			
11 you, piedoc explain.			
Give three references, not relatives or former employers.			
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Name	Address	Phone

## PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

have read, understand, and by r	ny signature consent to these statements.
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Signature:		Date:		
	This application for employment will remain active for a limited tim	e. Ask the organization's representative for details.		