## **APPLICATION FOR EMPLOYMENT**

## An Equal Opportunity Employer

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

lob Applied for		Today's Date				
re you seeking: Full-time 🔲	Part-time [	Temporary	employment? \	When could you start wo		
Last Name Flist Na			Middle Name	Teleph	hone Number	
Present Street Address	<del></del>	City		State	Zip Code	
Are you 18 years of age or older? If you are hired, you may be required	to submit proof o	of age.)		****	Yes 📮 No 🗌	
ocial Security #	If hired,	can you furnish	proof you are elig	pible to work in the U.S.?	Yes 🗌 No 🗌	
lave you ever applied here befor	e? Yes [	No 🗌	If yes, when?			
Vere you ever employed here?	Yes [	] No □				
lave you ever been convicted of les of "guilty" or "no contest." I	any law violatio Exclude minor tr	on? Include any affic violations.)				
If yes, give details (A conviction will not neces	sanily disqualify a	n applicant for em	ployment.)	··· <u>·</u>	· · · · · · · · · · · · · · · · · · ·	
employed, do you expect to be remployment outside of our job	?				Yes No [	
If yes, give details	-	•				
or Driving Jobs <u>Only</u> : Do you ha	rve a valid driver	r's license?	<i></i>		Yes 🗌 No 🗀	
Driver's License Number			Class of Lic	ense State Lice	ansed in	
			· ·	urs?	Yes 🔲 No 🗀	
ist professional, trade, business ace, color, religion, national orig	or civic activitie	s and offices he	eld. (Exclude labor	organizations and memb	erships which reve	
	OF SCHOOLS		Number ( Years	Degree!	Subjects Studied	
IST NAME AND ADDRESS O			Complete	d Certificate		
ligh School or GED:					•	
UST NAME AND ADDRESS Of School or GED:						

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. 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 S SUPERVISORISI 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 τα CITY, STATE, ZIP CODE PAY: START \$ FINAL \$ SUPERVISORISI TELEPHONE REASON FOR LEAVING 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?\_ Have you ever been fired from a job or asked to resign?..... Yes [ No T If yes, please explain: Give three references, not relatives or former employers. Name Address Phone PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING contify that all information provided in this employment application is true and complete. I understand that any false information or emission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a large date.

I authorize the investigation of any or all statements contained in this application. I are 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 biring decision. I release such persons and organizations from any legal liability in 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. understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-amployment physical examination. I consent to Lunderstand that if I am extended en 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 SUBSECUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR EMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DIFFERENCE OF THE OFFICE ONLY THE PRESIDENT OF THE ORIGINATION HAS THE AUTHORITY EMPLOYED. I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY SE TERMINATED AT ANY TRUE, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE. This application for employment will remain active for a limited time. Ask the organization's representative for details.