

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 be given equal opportunity and that selection decisions are based on job-related factors.

questions. Use signature on ba	uestion fully and accurately. No action can be taken on this application until you have answered all blank paper if you do not have enough room on this application. PLEASE PRINT , except for ack of application. In reading and answering the following questions, be aware that none of the attended to imply illegal preferences or discrimination based upon non-job-related information.
Job Applied fo	Today's Date
Are you seekin	g: Full-time Part-time Temporary employment?
When could yo	u start work?
GENERAL	
	Last Name First Name Middle Name Telephone Number
	Present Street Address City State Zip Code
	Email Address
	Are you 18 years of age or older?
	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 law violation? (Include any plea of "guilty" or "no contest." Exclude minor traffic violations.) Yes No
	If yes, give details(A conviction will not necessarily disqualify an applicant for employment.)
	If employed, do you expect to be engaged in any additional business or employment outside of our job?
	If yes, give details

EDUCATION

		List Name and Address of Schools	Number of Years Completed	Diploma/ Degree/ Certificate
	High School or GED		Compiciou	Oortimouto
	College or University			
	Subjects Studied			
	Vocational or Technical			
	Subjects Studied			
Special ski	LLS			
	for wi What for wi	skills or additional training do you have that are related hich you are applying?	d to the job	
		ver's License Number Class of License		
		tve you had your driver's license suspended or revoked the last 3 years?		
	(Ex rel	rofessional, trade, business or civic activities and offices colude labor organizations and memberships which reve igion, national origin, sex, age, disability, genetic inform itus.)	al race, color,	protected

WORK HISTORY

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, Address and	Empl	oyed	F	Pay	Reason for leaving
Telephone of Employer	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
	Duties				
					Supervisor(s)
Title					
Name, Address and	Empl	loyed	F	Pay	Reason for leaving
Telephone of Employer	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
	Duties				
					Supervisor(s)
T '41					
Title					
Name, Address and		loyed		Pay	Reason for leaving
Telephone of Employer	From (mo/yr)	To(mo/yr)	Start	Final	
	Duties		\$	\$	
	Duties				
					Supervisor(s)
T '					
Title					
Name, Address and		loyed		Pay	Reason for leaving
Telephone of Employer	From (mo/yr)	To(mo/yr)	Start	Final	
	Duties		\$	\$	
	Duties				
					Supervisor(s)
					, , ,
Title					

REFERENCES

·	orked or attended school under any other names, give names:	
	sently employed?s, whom do you suggest we contact?	_ _
If yes	rer been fired from a job or asked to resign?. s, please explain:eferences, not relatives or former employers.	
Name	Address	Phone

AFFIDAVIT, CONSENT AND RELEASE 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 preand/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 and strength test if required by the job. 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.

I have read, understand, and by my signate	ure consent to these statements.
Signature:	Date:
• •	ployment will remain active for a limited time. nization's representative for details.