

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

PERSONAL INFORMATION

(PLEASE PRINT)

LAST NAME		FIRST NAME		MIDDLE NAME
ADDRESS		CITY	STATE	ZIP CODE
EMAIL	PHONE		SOCIAL SECURITY NUMBER	

POSITION(S) APPLIED FOR _____

DATE AVAILABLE TO WORK: _____ DESIRED PAY: \$ _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

HOW DID YOU LEARN ABOUT US?

Advertisement Friend Walk-In
 Employment Agency Relative Other _____

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? YES NO

ARE YOU A U.S. CITIZEN? YES NO*

*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? YES NO
Proof of citizenship or immigration status will be required upon employment.

ARE YOU CURRENTLY EMPLOYED? YES NO

HAVE YOU BEEN EMPLOYED WITH US BEFORE? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? YES NO

CAN YOU TRAVEL IF A JOB REQUIRES IT? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO
Conviction will not necessarily disqualify an applicant from employment.

*IF YES, PLEASE EXPLAIN: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

EMPLOYER 1: _____
Company / Individual

SUPERVISOR _____ E-MAIL: _____ PHONE _____

ADDRESS: _____
Address City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

DATES EMPLOYED: FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

SUPERVISOR _____ E-MAIL: _____ PHONE _____

ADDRESS: _____
Address City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

DATES EMPLOYED: FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

SUPERVISOR _____ E-MAIL: _____ PHONE _____

ADDRESS: _____
Address City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

DATES EMPLOYED: FROM: _____ TO: _____

REASON FOR LEAVING: _____

If you need additional space, please continue on a separate sheet of paper.

ARE YOU PHYSICALLY OR OTHERWISE UNABLE TO PERFORM THE DUTIES FOR WHICH YOU ARE APPLYING? YES NO

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD <i>You may exclude memberships which would reveal sex, race, religion, national origin, age ancestry, or handicap or other protected status.</i>

REFERENCES

GIVE NAME, ADDRESS AND TELEPHONE NUMBERS OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

- 1) _____
Name Address Phone Number
- 2) _____
Name Address Phone Number
- 3) _____
Name Address Phone Number

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

HAVE YOU HAD ANY JOB-RELATED TRAINING IN THE MILITARY? YES NO

IF YES, PLEASE DESCRIBE _____

PLEASE INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND / OR WRITE.

	Fluent	Good	Fair
Speak			
Read			
Write			

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In connection with this application for employment, we would like to procure certain background information concerning you which is contained in a consumer report. I authorize the Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to credit checks, criminal background checks, Department of Motor Vehicle reports, and investigative consumer reports. I authorize the Company to conduct electronic inquiry related to my background, including review of all social networking sites and Internet sites and to make adverse decisions as a result of such inquiries. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with whom I am acquainted or who may have knowledge concerning any such items of information.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with them to my future prospective employers and I agree to hold them harmless for providing such information.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. Please complete each section EVEN IF you decide to attach a resume.

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

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

SIGNATURE _____ DATE _____

PRINT NAME _____

