## **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.

Answer each question fully and Use blank paper if you do not application. In reading and answer preferences or discrimination bas	have enough ering the follow	room on this a ring questions, b	application. <b>PLE</b> be aware that no	ASE PRIN	T, except for sig	nature on	back of
Job Applied for				Today	y's Date		
Are you seeking: Full-time	Part-time Temporary employment? When could you start work?						
Last Name	First Name		Middle Name		Telephone Number		
Present Street Address	3	City		State		Ziį	p Code
Are you 18 years of age or older (If you are hired, you may be required						Yes 🗌	No 🗌
Social Security #	If hired	, can you furnish	n proof you are	eligible to	work in the U.S.?	Yes 🗌	No 🗌
Have you ever applied here befor	e? Yes [	No	If yes, when?	) 			
Were you ever employed here?	Yes [	□ No □					
Have you ever been convicted of plea of "guilty" or "no contest."						Yes 🗌	No 🗌
If yes, give details (A conviction will not neces	ssarily disqualify	an applicant for en	nployment.)				
If employed, do you expect to be or employment outside of our job						Yes 🗌	No 🗌
If yes, give details							
For Driving Jobs Only: Do you ha	ave a valid drive	er's license?				Yes 🗌	No 🗌
Driver's License Number			Class of	License	State Licer	nsed In	
Have you had your drive						Yes	No 🗌
If yes, give details List professional, trade, business race, color, religion, national orig	or civic activiti	es and offices h	eld. (Exclude lat	oor organiz	ations and membe	erships whi	ch reveal
LIST NAME AND ADDRESS C	F SCHOOLS		Numb Yea Compl	rs	Diploma/ Degree/ Certificate		bjects udied
High School or GED:			·				
College or University:							
Vocational or Technical:							
What skills or additional training	do you have th	at relate to the j	ob for which yo	u are apply	ving?		<del></del>
What machines or equipment car	n you operate t	hat relate to the	job for which y	ou are app	lying?		

including military service a	and any periods of unemploym	t or last employer listed first. Account for nent. if self-employed, give firm name a references from current and former employers.				
NAME OF EMPLOYER		JOB TITLE AND DUTIES				
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	ТО			
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	ТО			
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	ТО			
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	ТО			
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$				
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING				
Have you worked or attended school under any other names?  If yes, give names:  Are you presently employed?  If yes, whom do you suggest we contact?  Have you ever been fired from a job or asked to resign?  If yes, please explain:  Give three references, not relatives or former employers.						
Name	• •	dress	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 FOR RAYY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF 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 signature consent to these statements.  Signature:  Date:  This application for employment will remain activ						
This application for er	nployment will remain active for a lir	mited time. Ask the organization's representativ	e for details.			