

Application for Employment

An Equal Opportunity Employer

For Office U	se Only:	PT FT
Position:		
Date of Hire:		
Salary:		

We do not discriminate on the basis of race, color, religion, creed, national origin, sex, age, union affiliation, disabilities, or military status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Job Applied For			Todav's Date				
	_	ble: When can you start?					
Last Name First	st Name Middl	Middle Name Home Telephone			Cell Phone	ell Phone Numbe	
Present Street Address	City		State Zip Code		ode	de	
Are you 18 years of age or older?				Yes	No		
(If you are hired you may be required to submit					_		
Social Security Number	If hired, can you furnish	proof you are eligik	ole to work in the U.S.?	Yes	No		
Have you ever applied here before?	Yes	s 🕞 🖂	If yes, when?				
Were you ever employed here?		_ =	If yes, when?			_	
Have you ever been convicted of or plead guilty			•		No		
If yes, give details							
(A "Yes" answer does not automa		ployment, since the	nature of the offense, dat	e, and the jo	b for		
which you are applying will also b Are you now or do you expect to be engaged in		umant?		Vac	□No		
If yes, please explain		/mem:		163		<u> </u>	
For Driving Jobs Only: Do you have a valid driv		lass of License)				
Have you had your driver's license	Have you had your driver's license suspended or revoked in the last three years?						
List professional, trade, business or civic activiti	ties and offices held. (Exclude	labor organization	s and memberships which	reveal race,	color,		
religion, national origin, sex, age, disability or oth	other protected status.)						
EDUCATION		Number of Y	ears Diploma/Degree/	Subject	ts		
List Name & Address of Schools		Completed	Certificate	Studied	i		
High School or GED:							
College or University:							
Vocational or Technical:	ast are related to the job for wh	sich vou are applyin	na?				
What skills or additional training do you have the	nat are related to the job for wh	nich you are applyir	ıg?				

List names of employers in consecutive order with prese and any periods of unemployment. If self-employed, give			of time including	military servi	ice		
PLEASE GIVE MONTH & YEAR	e iiiiii iiaiiie aiiu sup	pply business references.					
Name of Employer	Job Title & Duties	Job Title & Duties					
Address		Dates of Employment:	From		То		
City, State, Zip Code		Pay: Start \$ Final \$					
Supervisor	Telephone	Reason for Leaving					
Name of Employer		Job Title & Duties					
Address		Dates of Employment:	From		То		
City, State, Zip Code		Pay: Start \$		Final \$			
Supervisor	Telephone	Reason for Leaving					
Name of Employer		Job Title & Duties					
Address		Dates of Employment:	From		То		
City, State, Zip Code		Pay: Start \$		Final \$			
Supervisor	Telephone	Reason for Leaving					
If yes, may we contact your present emplo 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				_	No		
I certify that all information provided in this employment application consideration for employment and may result in my dismissal if did I understand that the employer may request an investigative consideration, personal characteristics and mode of living obtained from the awritten request within a reasonable time for the disclosure the nature and scope of the investigation. I authorize the investigation of any or all statements contained in employers and organizations named in this application to provide and organizations from any legal liability in making such statements.	n is true and complete. scovered at a later date sumer report from a corom interviews with neight of the name and addraths application and also relevant information are ness.	e. nsumer reporting agency. This report ghbors, friends, former employers, sch ress of the consumer reporting agency o authorize any person, school, curren nd opinions that may be useful in maki	may include informations and others. I under the sound of	ion as to my conderstand I hat a complete dispreviously n	chararcter, ve a right to sclosure of oted), past n persons		
I understand that if I am extended and offer of employment it may to the release of any or all medical information as may be deeme I understand I may be required to successfully pass a drug scree employment, as required. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERICAT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MOR WITHOUT NOTICE. I have read, understand, and by my signature consent to these standards.	d necessary to judge mining examination. I here is EMPLOYMENT DOE DO OF TIME. IF EMPLAY BE TERMINATED tatements.	ny capability to do the work for which I reby consent to a pre and/or post emp S NOT CREATE A CONTRACT OF E OYED, I UNDERSTAND THAT I HAVI AT ANY TIME, WITH OR WITHOUT C	am applying. loyment drug screen MPLOYMENT E BEEN HIRED CAUSE AND WITH	as a condition			
Signature		Date					