



## Application for Employment

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law.

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

Application must be completed in full even if attaching an application.

### PERSONAL INFORMATION

NAME: Please PRINT or TYPE: First, Middle, Latest	Social Security No.	Home Phone
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Cell Phone

PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at previous address:
E-MAIL ADDRESS:	
Can you, after employment, provide genuine identification establishing your identity and eligibility to be legally employed in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you over 18?	If hired, do you have a reliable means of transportation to get to work?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? (If you are unsure of the essential functions, please ask to review a job description.)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been convicted of a <b>felony, or for child abuse or sex-related crimes</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain: (A conviction will not necessarily disqualify you.)	
Have you ever been discharged from any employment or asked to resign? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain:	
Are any of your relatives presently employed with the Company? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, name of relative:	
Have you ever applied at the Company before? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, when?	
How were you referred to the Company: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify _____)	
Name of Employee: _____	

### SCHEDULE AVAILABILITY

<p><b>Please Check Schedule Availability</b></p> <p><input type="checkbox"/> I am available and desire to work FULL-TIME (40 hours) and do not have any restrictions on my hours and _____ days.</p> <p><input type="checkbox"/> I am available and desire to work PART-TIME</p>							
<b>Hours</b>	MON	TUES	WEDS	THURS	FRI	SAT	SUN

<b>Available</b>							
<b>From</b>							
<b>To</b>							
<b>Note:</b> Work schedules are based upon the needs of the business and may be subject to change on a weekly basis.							
Wage Expected				Date Available for Work			
Type of POSITION desired:							

### EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended		Graduate ? (Yes/No)	What Degree	Major
	From	To			
High School					
College/University					
College/University					
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate					Overall College Scholastic Average
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.					

Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.

**Additional Experience of Qualifications:** Please list any other experience, skills, or qualifications which you believe should be considered in evaluating your qualifications for employment.

### U.S. MILITARY SERVICE DATA

Branch:

List Special Training or Skills:

### EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				REASON FOR LEAVING
<b>Company Name</b>	Phone No. ( )	Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Description of Job Duties				
				REASON FOR LEAVING
<b>Company Name</b>	Phone No. ( )	Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Description of Job Duties				

<b>Company Name</b>		Phone No. (    )	Dates of Employment From (Mo/Yr) To (Mo/Yr)		REASON FOR LEAVING
Address (Include Street, City, State, Zip Code)					
Job Title-Start	Job Title-Final		Base Rate of Pay Start                      Final		
Supervisor (Name & Title)					
Description of Job Duties					
<b>Company Name</b>		Phone No. (    )	Dates of Employment From (Mo/Yr) To (Mo/Yr)		REASON FOR LEAVING
Address (Include Street, City, State, Zip Code)					
Job Title-Start	Job Title-Final		Base Rate of Pay Start                      Final		
Supervisor (Name & Title)					
Description of Job Duties					

## BUSINESS REFERENCES

### PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

<b>1. Name</b>	Address Code	City, State, Zip
Occupation	Title	
How Long Known	Phone and Email	
<b>2. Name</b>	Address	City, State, Zip Code
Occupation	Title	
How Long Known	Phone and Email	

<b>3. Name</b>	Address City, State, Zip Code
Occupation	Title
How Long Known	Phone and Email

## PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the Company is not obligated to retain or consider this application for future openings.

\_\_\_\_\_  
Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the Company to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

\_\_\_\_\_  
Initial

If employed by the Company I will abide by Company policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

\_\_\_\_\_  
Initial

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Company's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

\_\_\_\_\_  
Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the Company. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the Company storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

\_\_\_\_\_  
Initial

If I am employed by the Company I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Company or myself. I understand that, other than the President of the Company no manager, supervisor or representative of the Company has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the President of the Company has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the Company.

\_\_\_\_\_  
Initial

**My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.**

**My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the Company concerning the nature of my employment, if any, by the Company and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Company. I understand and agree that, except as noted above, no person who is either an agent or employee of the Company may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application

**FOR EMPLOYMENT DEPT. USE ONLY**

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date