

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.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for	Today's Date
Are you seeking: Full-time 🗌 Part-time 🗌	Temporary employment?
When could you start work?	

GENERAL

Last Name	First Name	Middl	le Name	Telephone Nu	umber
Present Street Ad	ldress	City	State	Zip Code	
Email Address					
	i may be required to a			ou will be required to	
Have you ever ap	plied here before?	Yes 🗌	No 🗌	If yes, when?	
Were you ever en	ployed here?	Yes 🗌	No 🗌	If yes, when?	
	en convicted of any r "no contest." Excl			any ions.)	Yes 🗌 No 🗌
	e details on will not necessarily		n applicant fo	or employment.)	
	ou expect to be engutside of our job? .			business	Yes 🗌 No 🗌
If yes, give	e details				

	List Name and Address of Schools	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED			
College or University			
Subjects Studied			
Vocational or Technical			
Subjects Studied			

SPECIAL SKILLS

What skills or additional training do you have that are related to the j	job
for which you are applying?	

What machines or equipment can you operate that are related to the job
for which you are applying?

Fo	or Driving Jobs <u>Only</u> : Do you have a vali	d driver's license?		Yes 🗌	No	
	Driver's License Number	Class of License	State	Licensed li	n	
	Have you had your driver's license sus	pended or revoked				

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.)

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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	loyed	F	Pay	Reason for leaving
Telephone of Employer	From (mo/yr)		Start	Final	_
			\$	\$	
	Duties		Ŧ	1 +	
					Supervisor(s)
Title					
Name, Address and	Emp	loyed	F	⊃ay	Reason for leaving
Telephone of Employer	From (mo/yr)	To(mo/yr)	Start	Final	_
			\$	\$	
	Duties				
					Supervisor(s)
Title					
Name, Address and	Emp	loyed	F	Pay	Reason for leaving
Telephone of Employer	From (mo/yr)	To(mo/yr)	Start	Final	_
			\$	\$	
	Duties			·	
					Supervisor(s)
Title					
Name, Address and	Emp	loyed	F	Pay	Reason for leaving
Telephone of Employer	From (mo/yr)		Start	Final	
			\$	\$	
	Duties		Ŷ		-
					Supervisor(s)
Title					

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.	Yes No No Yes No
Are you presently employed? If yes, whom do you suggest we contact? Have you ever been fired from a job or asked to resign?	Yes No No Yes No
Are you presently employed? Are you presently employed?	Yes 🗌 No 🗌
Are you presently employed?	Yes 🗌 No 🗌
If yes, give names:	
Have you worked or attended school under any other names?	Yes 🗌 No 🗌
REFERENCES	

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 signature consent to these statements.

Signature:	Date:
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This application for employment will remain active for a limited time. Ask the organization's representative for details.