

#### **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.

questions. Use signature on ba	blank paper if you do not have enough room on this application. <b>PLEASE PRINT</b> , except for ack of application. In reading and answering the following questions, be aware that none of the ntended to imply illegal preferences or discrimination based upon non-job-related information.				
Job Applied for	Today's Date				
Are you seeking	g: Full-time  Part-time Temporary employment?				
When could yo	u start work?				
GENERAL					
	Last Name First Name Middle Name Telephone Number				
	Present Street Address City State Zip Code				
	Email Address				
	Are you 18 years of age or older?				
_	Have you ever applied here before? Yes No If yes, when?				
	Were you ever employed here?  Yes  No  If yes, when?				
	Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no contest." Exclude minor traffic violations.)				
	If yes, give details(A conviction will not necessarily disqualify an applicant for employment.)				
	If employed, do you expect to be engaged in any additional business or employment outside of our job?				
	If yes, give details				

## **E**DUCATION

			Number of Years	Diploma/ Degree/
		List Name and Address of Schools	Completed	Certificate
	High School or GED			
	College or			
	University			
	Subjects Studied			
	Vocational or Technical			
	Subjects Studied			
Special ski	LLS			
		skills or additional training do you have that are related hich you are applying?		
		machines or equipment can you operate that are related hich you are applying?	-	
	For Driving Jobs <u>Only</u> : Do you have a valid driver's license? Yes			
	Dri	ver's License Number Class of License	State Licens	sed In
	Have you had your driver's license suspended or revoked in the last 3 years? Yes No			
		If yes, give details:		
	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 protect status.)			protected

### **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		loyed		Pay	Reason for leaving
Telephone of Employer	From (mo/yr)	To(mo/yr)	Start	Final	_
	Duties		\$	\$	_
	2 0.0.00				
					Supervisor(s)
Title	_				
Name, Address and Telephone of Employer	Emp From (mo/yr)	loyed To(mo/yr)	Start	Pay Final	Reason for leaving
relephone of Employer	FIOIII (IIIO/yI)	10(1110/y1)	\$	\$	
	Duties		Ψ	ĮΦ	_
					Supervisor(s)
Title					
Name, Address and Telephone of Employer		loyed		Pay Final	Reason for leaving
relephone of Employer	From (mo/yr)	To(mo/yr)	Start		
	Duties		\$	\$	
					Supervisor(s)
Tial					
Title			1		
Name, Address and		loyed		Pay	Reason for leaving
Telephone of Employer	From (mo/yr)	To(mo/yr)	Start	Final	
	Duties		\$	\$	_
	3400				
					Supervisor(s)
Title					

## REFERENCES

•	rked or attended school under any other names? , give names:	<del>_</del>
•	ently employed?, , whom do you suggest we contact?	<del>-</del> -
If yes	er been fired from a job or asked to resign? , please explain:ferences, not relatives or former employers.	<del>-</del> -
Name	Address	Phone

# 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:
This application for employment will r Ask the organization's repre	