

APPLICATION FOR EMPLOYMENT

"We are an equal opportunity employer and afford equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, genetics, marital status, military status or any other status protected under local, state or federal laws"

Date		Location	
Name	Middle Initia	alLast	
Address	City	State	Zip
Phone No	Alternate No	Social Security # (la	ast 4 digits only)
Are you 18 years of age o	r older?yesno	no, you may be required to p	rovide authorization
Are you a U.S. Citizen	_yesno If no, are you (Proof of eligi	legally eligible to work in the	
Have you ever applied to	this company before?yes	no (If yes, please give	ve date.)
Have you ever worked at	this company before?yes	no (If yes, please giv	re date.)
Have you ever been cor disqualify you)	victed of a misdemeanor/felo	ony?yesno (A	conviction will not necessarily
If yes, when, where and w	hat was the disposition of the c	ase:	
Do you have a driver's lic		the past five years?y	es If yes, please explain
	mployed by this company?	yesno If yes, pleas	se give name and relationship:
Name		Relationship	
	or asked to resign from a job? _		
If yes, please explain:			
EMPLOYMENT DESI			
Position	Date You Car	n StartSalary	Requested
			esent employer
	: (If employed, I will notify my		
•			_;Wed Hours
	· Fri Hours		

EDUCATION	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY OR MAJOR	NUMBER OF YEARS COMPLETED	DIPLOMA/ DEGREE
ELEMENTARY				
HIGH SCHOOL				
COLLEGE				
GRADUATE				
VOCATIONAL				

Name	Address & Phone #	Relationship/Occupation	Years Known

EMPLOYMENT HISTORY (Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment – attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation with this company.)

YEAR FROM: TO: WORK PERFORMED		
WORK		
WORK		
FROM:		
TO:		
WORK PERFORMED		
FROM:		
TO:		
WORK PERFORMED		
FROM:		
то:		
WORK PERFORMED		
FROM:		
то:		
WORK PERFORMED		

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by this company that such employment with the company is at will, for no specified duration and may be terminated by either this company or me at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of this company or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of this company except ownership or management has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed.

In consideration for employment with this company, if employed, I agree to conform to the rules, regulations, policies and procedures of this company at all times and understand that such obedience is a condition of employment. I understand that due to the nature of the company's business, attendance and punctuality are considered essential requirements of every job at this company and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with this company, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of thee pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to this company and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for one year. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Signature	Date	
Name and number of person completing this form if other than applicant:		