

APPLICATION FOR EMPLOYMENT

THIS APPLICATION IS GOOD FOR 60 DAYS

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

Applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, national origin, disability, sex, age, pregnancy, genetic information, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

PLEASE PRINT Date of Application _____ Position(s) Applied For _____

Referral Source: ___ Advertisement ___ Friend ___ Relative ___ Walk-In ___ Employment Agency Other _____

Name _____
First Last Middle

Address _____
Number City State

Telephone (____) _____

Have you ever filed an application here before? ___ Yes ___ No Have you ever been employed here before? ___ Yes ___ No

Are you employed now? ___ Yes ___ No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

On what date would you be available to work? _____

Are you available to work _____ Full-time _____ Part-time _____ Temporary What Days? S M T W Th F Sa

Are you on a lay-off and subject to recall? ___ Yes ___ No

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate, for example, race, color, religion, sex, national origin, or any other protected characteristic): _____

Give the name, address and telephone number of three references who are not related to you and are not previous employers:

EDUCATION

Please list education or specialized experience which relates to the position(s) for which you are applying.

SCHOOL NAME	ELEMENTARY				HIGH SCHOOL				COLLEGE/UNIVERSITY				GRADUATE/PROFESSIONAL				
	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed																	
Diploma/Degree																	
Describe Course of Study																	
Apprenticeship, Skills and Extra-Curricular Activities	Name: Location: Length of Course: Subject: General:																

List all honors received that are pertinent to the position for which you are applying: _____

Special skills, qualifications, including those acquired from employment or other experience that are applicable to the position for which you are applying: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude volunteer organization names which indicate, for example, race, color, religion, sex, disability or national origin.

Employer	Telephone ()	Dates Employed		Work Performed
Address		From	To	
Job Title				
Supervisor				
Reason For Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
Address		From	To	
Job Title				
Supervisor				
Reason For Leaving				

Employer Telephone ()	Dates Employed		Work Performed
Address	From	To	
Job Title			
Supervisor			
Reason For Leaving			
Employer Telephone ()	Dates Employed		Work Performed
Address	From	To	
Job Title			
Supervisor			
Reason For Leaving			
Employer Telephone ()	Dates Employed		Work Performed
Address	From	To	
Job Title			
Supervisor			
Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper.

State any additional information you feel may be helpful to us in considering your application _____

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information may result in my immediate discharge if hired. I UNDERSTAND THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT AND, IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company to determine whether I can perform the job duties. In addition, a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability which might result from making such investigations.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole, or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

Signature of Applicant

Date