Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. We are an Equal Opportunity Employer.

(PLEASE PRINT) Date of Application Position(s) Applied For How Did You Learn About Us? Advertisement Friend ___ Walk-In ____ Employment Agency Relative Other ____ Last Name First Name Middle Name City Address Number Street State Zip Code Telephone Number(s) Social Security Number If you are under 18 years of age, can you provide required proof of your eligibility to work? ___ Yes ___ No Have you filed an application with us before? Yes No If yes, give date Have you ever been employed with us before? Yes No If yes, give date Are you currently employed? Yes No May we contact your present employer? Yes No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___ Yes No Proof of citizenship or immigration status will be required upon employment. On what date would you be available for work? Are you available to work: Circle all that applies? Full Time Part Time Shift Work **Temporary** ___ Yes Are you currently "lay-off" status and subject to recall? No Can you travel if a job requires it? ___ Yes ___ No Have you been convicted of a felony within the last 7 years? Yes _ No If yes, please explain Conviction will not necessarily disqualify an applicant from employment.

	Elementary School				High School			Undergraduate College/ University					Graduate/ Professional					
School Name and Location											_							
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4		1	2	3	4
Diploma/ Degree		1	1		I			•			ı					1		
Describe Course of Study																		
Describe any specializatraining, apprenticeship and extra-curricular ac	p, sk																	
Describe any honors ye received																		
State any additional in you feel may be helpfu considering your appli	ıl to ı	us in																
Indic	cate	any	y foi	_		_	iges j	you c	an sp			d an	d/o	r v				
GDE AV		FLUE				NT G			600	GOOD				FAIR				
SPEAK		_																
READ WRITE		-																
You may exclude age, ancestry, or				-						ex, ra	ace,	relig	gion,	, na	atio	nal c	origin	1,
References	3																	
Give name, address and telephone number of three references who not related to you and are not previous employers.																		
1 2																		
3																		
Have you ever had any job-related training in the United States military? YesNo																		
If yes, please describe														_				

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Dates Er	nployed	
		From	То	Work Performed
Address				
Telephone Nur	nber(s)	Hourly Ra	te/ Salary	
		Starting	Final	
Job Title	Supervisor			
Reason for Lea	ving		L	
Employer		Dates Er	nployed	
		From	То	Work Performed
Address				
Telephone Number(s)		Hourly Ra		
		Starting	Final	
Job Title	Supervisor			
Reason for Lea	ving			
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Employer Address Telephone Nur Job Title Reason for Lea	Supervisor ving litional space, please co	From Hourly Ra Starting ontinue on a separate s	To te/ Salary Final	Work Performed
Employer Address Telephone Nur Job Title Reason for Lea If you need add	Supervisor ving litional space, please co	From Hourly Ra Starting ontinue on a separate s	To te/ Salary Final heet of paper.	Work Performed

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant		Date				
FOR PERS	SONNEL 1	DEPARTM	ENT USE ONLY			
Arrange Interview Yes	No					
Remarks						
_						
Interviewer						
Employed Yes No Employment		Date of				
Job Title	Hourly R	Rate/	Department			
Ву						
Name and Title						
Notes:						