

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 are given equal opportunity and that selection decisions be 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. Today's Date Job Applied for ____ Are you seeking: Full-time Part-time Temporary ☐ employment? When could you start work? Desired Wage \$______ Last Name First Name Middle Name Telephone Number Present Street Address City State Zip Code Are you 18 years of age or older? Yes No \square (If you are hired, you may be required to submit proof of age.) Have you ever applied here before? Yes If yes, when? No 🗌 No 🗌 If yes, when? Were you ever employed here? Yes Have you ever been convicted of any law violation? 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?..... Yes No □ If yes, give details___ For Driving Jobs Only: Do you have a valid driver's license? Yes Class of License _____ State Licensed In Driver's License Number 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 protected status.) _____ Number of Diploma/ Subjects LIST NAME AND ADDRESS OF SCHOOLS Degree/ Certificate High School or GED: U College or University: ____ Α Vocational or Technical: ___ What skills or additional training do you have that relate to the job for which you are applying? 0 Ν What machines or equipment can you operate that relate to the job for which you are applying? _____

W	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 journal of the contingent upon acceptable references from current and former employers.					ncluding e: A job	
RK H-STORY OTHER	NAME OF EMPLOYER		JOB TITLE AND DUTIES				
	ADDRESS		DATES OF EMPLOYMENT (MO/YR):	FROM	ТО		
	CITY, STATE, ZIP CODE		PAY: START \$	FINAL \$			
	SUPERVISOR(S)	TELEPHONE	Reason For Leaving				
	NAME OF EMPLOYER		JOB TITLE AND DUTIES				
	ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO				
	CITY, STATE, ZIP CODE		PAY: START \$	FINAL \$			
	SUPERVISOR(S)	TELEPHONE	Reason For Leaving				
	NAME OF EMPLOYER		JOB TITLE AND DUTIES				
	ADDRESS		DATES OF EMPLOYMENT (MO/YR):	FROM	ТО		
	CITY, STATE, ZIP CODE		PAY: START \$	FINAL \$			
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	CITY, STATE, ZIP CODE		PAY: START \$	FINAL \$			
	SUPERVISOR(S)	TELEPHONE	Reason For Leaving				
	Have you worked or attended If yes, give names:	?		Yes 🗌	No 🗌		
	Are you presently employed?			Yes	No 🗌		
	Have you ever been fired from a job or asked to resign?			Yes	No 🗌		
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 pre- and/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. 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 SPECIFIED 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:							
	This application for employment will remain active for a limited time. Ask the organization's representative for details.						