APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, 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 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.

Job Applied for	Today's Date				
Are you seeking: Full-time 🗌 🛛 Part-time 🗌 🔹 Temporary 🗌	employment? When could you start work?				
Last Name First Name	Middle Name	Teleph	one Number		
	-11		· · · · · · · · · · · · · · · · · · ·		
Present Street Address City		State	Zip Code		
Are you 18 years of age or older?			Yes 🗌 No 🛄		
If hired, can you furnis	h proof you are e	eligible to work in the U.S.?	Yes 🗌 No 🗌		
			1		
Have you ever applied here before? Yes No) 			
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			Yes 🗌 No 🗍		
If yes, give details (A conviction will not necessarily disqualify an applicant for en	mployment.)				
If employed, do you expect to be engaged in any additional bus or employment outside of our job?			Yes 🗌 No 🗌		
If yes, give details			8 		
For Driving Jobs <u>Only</u> : Do you have a valid driver's license?			Yes 🗌 No 🗌		
Driver's License Number	Class of	License State Lice	ensed In		
Have you had your driver's license suspended or revok	ed 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 or other protected status.)					
	Numb		Subjects		
LIST NAME AND ADDRESS OF SCHOOLS	Yea Comp	J	Studied		
High School or GED:					
College or University:					
Vocational or Technical:					
What skills or additional training do you have that relate to the job for which you are applying?					
What machines or equipment can you operate that relate to the	e job for which y	rou are applying?			

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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 OF EMPLOYER		JOB TITLE AND DUTIES		
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO		то
CITY, STATE, ZIP CODE		PAY: START \$	FINAL \$	
SUPERVISOR(S)	TELEPHONE	Reason For Leaving	х.	
NAME OF EMPLOYER	IE OF EMPLOYER			
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO		ТО
CITY, STATE, ZIP CODE		PAY: START \$	FINAL \$	
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING		-
NAME OF EMPLOYER		JOB TITLE AND DUTIES	e.	÷
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO		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	ТО
CITY, STATE, ZIP CODE	TY, STATE, ZIP CODE		FINAL \$	
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING		
Have you worked or attended s	school under any other names? .		Yes 🗌	No 🗌
Are you presently employed?				No 🗌
If yes, whom do you s	uggest we contact?			

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

Address

Have you ever been fired from a job or asked to resign?..... Yes 🗌

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

I UNDERSTAND THAT IT AIM STERIOUS INFORMATION IN THIS OF EMPLOYMENT IT MAY be Conducted 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 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 EMPLOYEE, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITH OR WITH OR WITH OR WITH ON THE AUTHORITY. OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

If yes, please explain:

Name

Give three references, not relatives or former employers.

Signature:

This application for employment will remain active for a limited time. Ask the organization's representative for details.

Date:

No 🗌

Phone