## **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 ca Use blank paper if you do not have enough room on application. In reading and answering the following quest preferences or discrimination based upon non-job-related	this application. <b>PLEASE</b> ions, be aware that none of	PRINT, except for sig	nature on back of	
Job Applied for		Today's Date		
Are you seeking: Full-time Part-time Tempora	employment? When could you start work?			
Last Name First Name	Middle Name	Aiddle Name Telephone Number		
Present Street Address	City	State	Zip Code	
Are you 18 years of age or older?			Yes No No	
Social Security # If hired, can you	furnish proof you are eligible	e to work in the U.S.?	Yes No	
Have you ever applied here before? Yes \( \square\) No	If yes, when?			
Were you ever employed here? Yes No	If yes, when?			
Have you ever been convicted of any law violation? Incluplea of "guilty" or "no contest." Exclude minor traffic viol			Yes No No	
If yes, give details	nt for employment.)			
If employed, do you expect to be engaged in any addition or employment outside of our job?			Yes No No	
If yes, give details				
For Driving Jobs Only: Do you have a valid driver's licens	e?		Yes No No	
Driver's License Number	Class of Licen	se State Licer	nsed In	
Have you had your driver's license suspended or	revoked in the last 3 years?	?	Yes No No	
If yes, give details:				
List professional, trade, business or civic activities and of race, color, religion, national origin, sex, age, disability or		•		
LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied	
High School or GED:	•			
College or University:				
Vocational or Technical:				
What skills or additional training do you have that relate t	o the job for which you are	applying?		
What machines or equipment can you operate that relate	to the job for which you are	e applying?		

including military service a	and any periods of unemploym	t or last employer listed first. Account for all perionent. if self-employed, give firm name and supporeferences from current and former employers.		
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	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		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 \$		
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING		
Have you worked or attended school under any other names? Yes No If yes, give names:  Are you presently employed? Yes No If yes, whom do you suggest we contact?  Have you ever been fired from a job or asked to resign? Yes No If yes, please explain:				
Give three references, not relat	• •	dress Phone		
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 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 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:  Date:  This application for employment will remain active for a limited time. Ask the organization's representative for details.				