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. Use blank paper if you do not have enough application. In reading and answering the form preferences or discrimination based upon no	ugh room on this a llowing questions, b	application. PLE be aware that no	ASE PRINT,	except for sig	nature on	back of
Job Applied for			Today's	Date		
Last Name First N	ame	Middle Name	dle Name Telephone Number			
Present Street Address	City		State		Ziį	o Code
Are you 18 years of age or older? (If you are hired, you may be required to submit p					Yes 🗌	No 🗌
Social Security # If h	ired, can you furnish	n proof you are o	eligible to wo	ork in the U.S.?	Yes 🗌	No 🗌
Have you ever applied here before?	es No 🗌	If yes, when?)			
Were you ever employed here?	es 🗌 No 🗌					
Have you ever been convicted of any law viplea of "guilty" or "no contest." Exclude min					Yes 🗌	No 🗌
If yes, give details(A conviction will not necessarily disqua	alify an applicant for en	nployment.)				
If employed, do you expect to be engaged in or employment outside of our job?					Yes 🗌	No 🗌
If yes, give details						
For Driving Jobs Only: Do you have a valid of	driver's license?				Yes	No 🗌
Driver's License Number		Class of	License	State Licer	nsed In	
Have you had your driver's license	suspended or revoke	ed in the last 3 y	/ears?		Yes	No 🗌
If yes, give details:						
List professional, trade, business or civic act race, color, religion, national origin, sex, age		•	U		erships whi	ch reveal
LIST NAME AND ADDRESS OF SCHOO	LS	Numbe Yea Compl	rs	Diploma/ Degree/ Certificate		bjects udied
High School or GED:						
College or University:						
Vocational or Technical:						
What skills or additional training do you have				g?		
What machines or equipment can you opera	te that relate to the	job for which yo	ou are applyi	ng?		

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	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? If yes, give names: Are you presently employed? If yes, whom do you suggest we contact? Have you ever been fired from a job or asked to resign? If yes, please explain: Give three references, not relatives or former employers.						
Name	• •	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.						