Application for Employment

Please Print

Equal access to programs, services and employment opportunities is available to all persons without regard to sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name					
Address	Hist			iddle	
Street Email address	City	Phone (Stale)	21P Code	
				□3 □Anv	
Position applied for Shift preferred 1 1 2 1 3 3 1 1 1					
Special training or skills (languages, machine operation, etc.) that would	d benefit yo	ou in the job for which you	are apply	ing:	
				· · · · · · · · · · · · · · · · · · ·	
Would you accept full-time work? ☐ Yes ☐ No Would you acce	ept part-tir	ne work? 🗌 Yes 🔲 No	·		
On what date would you be available for work?	•				
Have you ever been employed here? Yes No If yes, dates:	,				
Are you lawfully authorized to work in the United States? Yes	No			•	
If you are under 18 years old, can you furnish a work permit if required? Are you able to perform the essential functions of the job for which you			able acco	mmodation)?	
This question is not designed to elicit information about an applicant's disab particular accommodation, or whether accommodation is necessary. These issues n	ollity. Please nay be addre	do not provide information assed at a later stage to the ext	bout the	existence of a disability, ed by law.	
\square Yes \square No \square Need more information about the job's essential fund	ctions to re	spond.			
Notice to Rhode Island applicants: This Company is subject to the state's workers' of	compensation	laws (Chapters 29-38) unless o	therwise no	ted below:	
{Employer to list appi	Healfa avametia	. La.			
Educational Background	Headle exchipely	e)			
Starting with your most recent school attended, provide the following information.				-	
1 School (belief dity and state)	(l/of-Years) Completed	Completed	GPA Class Rank	Major/Minor	
		□Diploma □GED □Degree			
		□Certification: □Other			
		□Diploma □GED □Degree			
		Certification			
		□ Diploma □ GED □ Degree			
		☐Certification ☐Other			
		□ Diploma □ GED □ Degree			
		☐ Certification			

Employment History	
Starting with your most recent employer, provide the following information.	You may include any verified work performed on a volunteer basis.
Employee	Telephone #
Street address	(ly: State
Starting job title/final job title	Dates employed Month: Year, Month Year
Immediate supervisor and title (for most recent position held)	May we contact for reference? E-mail:
	□Yes □ H6 □ Later
Summarize the type of work performed and job iespoistbilities,	
Employer	Telephone #
Street address	() City State
	City State
Starting job title/final job title	Dates emptoyed Honth Year Honth Year
Immediate supervisor and title (for most recent position held)	May we contact for reference? E-mail:
	Yes No Later
Summarize the type of work performed and job responsibilities.	
Employer	Telephona #
	A CONTRACTOR (CARROLL) AND A CONTRACTOR OF THE
Street address	Gity State
Starting job title/final job title	Dates employed Routh Year Routh Year
	All to the second secon
Immediate supervisor and title (for most recent position held)	A transfer of the May we contact for reference?
Summarize the type of work performed and job responsibilities.	□ Yes □ No: □ Later
Applicant Statement	
I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.	I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment, My personal
I expressly authorize, without reservation, the employer, its representatives, employees, or	information may be shared with the employer's affiliate(s) and third parties engaged by the
agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to	employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.
otherwise verify the accuracy of all information provided by me in this application, resume, or	This Company does not tolerate unlawful discrimination in its employment practices,
Job interview. Thereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and	No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex (including
non-defamatory information, in a lawful manner, in the employment process and all other	prognancy), race, color, religion, national origin, citizenship, age, disability, genetic
persons, corporations, or organizations for furnishing such information about me. I understand that this employer does not unlawfully discriminate in employment and no question	information, or any other protected status under applicable federal, state, or local law.
on this application is used for the purpose of limiting or eliminating any applicant from	Manilatory Employer Disclosures Notice to Maryland applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT
consideration for employment on any basis prohibited by applicable local, state, or federal law.	REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE
I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment,	EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES
it will be necessary for me to reapply and fill out a new application.	THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT
If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my	BXCBBDING \$100. Notice to Massachusetts applicants: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employmen
employment at any time, with or without cause and with or without prior notice, except as	An employer who violates this law shall be subject to criminal penalties and civil liability,
may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or	Notice to Rhode Island applicants: This company compiles with Rhode Island law prohibiting smoking in enclosed areas within places of employment. Notice to North Dakota applicants
representative of the employer is authorized to make any assurances to the contrary and that	This company compiles with North Dakota law prohibiting smoking within 20 feet of
no implied or al or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.	entrance and inside places of employment. Notice to Indiana applicants: This company complies with Indiana law prohibiting smoking in enclosed areas within places of employment
I also understand that if I am hired, I will be required to provide proof of identity and legal	Notice to Illinois applicants: Please be advised pursuant to Illinois law, applicants are not
authorization to work in the United States and that federal immigration laws require me to complete an 1-9 Form in this regard.	obligated to disclose expunged juvenile records of adjudication, arrest, or conviction.
I understand that any information provided by me that is found to be false, incomp from further consideration for employment, or (ii) may result in my immediate disc	nete, or unsrepresented in any respect, will be sufficient cause to (i) eliminate m harge from the employer's service, whenever it is discovered.
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLIC	ANT STATEMENT.
I certify that I have read, fully understand and accept all t	erms of the foregoing Applicant Statement.



Signature of Applicant

This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an altorney concerning your particular situation and any specific questions or concerns you may have.

ATTORNE'

Date_