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.

ob Applied for			Today's Date					
re you seeking: Full-time					uld you start work	.?		
Last Name	First Name		Middle Name	· · · · · · · · · · · · · · · · · · ·	Telepho	ne Number		
Present Street Add	ress	City		State	· · · · · · · · · · · · · · · · · · ·	Ziŗ	p Code	
tre you 18 years of age or old f you are hired, you may be requ						Yes 🗌	No [
	If hired,	can you furnish			work in the U.S.?		No [
lave you ever applied here be	efore? Yes] No [
Vere you ever employed here	? Yes] No []						
lave you ever been convicted lea of "guilty" or "no contes						Yes 🗌	No [
If yes, give details (A conviction will not no		n applicant for en	nployment.)					
f employed, do you expect to or employment outside of our	be engaged in any job?	additional busi	ness			Yes 🗌	No [
If yes, give details			·					
or Driving Jobs <u>Only</u> : Do you						Yes 🗌	No [
Driver's License Num	ber		Class of	License	State Licer	nsed In		
Have you had your d						_	No [
List professional, trade, busin eace, color, religion, national		es and offices h	eld. (Exclude lal	or organi:	ations and membe	rships wh		
LIST NAME AND ADDRES	S OF SCHOOLS		Numb Yes	rs	Diploma/ Degree/		ubjects tudied	
High School or GED:			Comp		Certificate			
College or University:								
ocational or Technical:								

including military sea	rvice and any periods of un	h present or last employer listed first. Account for all periods of time temployment. If self-employed, give firm name and supply business acceptable references from current and former employers.
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 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 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 TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING
If yes, give name. Are you presently emplo	nes:	names?
	d from a job or asked to resigr	n? Yes No 🗆
	ot relatives or former employe	
Name		Address Phone
consideration for employment and I authorize the investigation of ar and organizations to provide relevanting such statements. I understand I may be required employment, if required. I understand that if I am extende the release of any or all medical I UNDERSTAND THAT THIS AP CONTRACT OF EMPLOYMENT N TO ENTER INTO AN AGREEMEN EMPLOYEE. IF EMPLOYED, I UND OR WITHOUT REASON AND WIT	ided in this employment application is trued may result in my dismissal if discovered your or all statements contained in this applicant information and opinions that may be to successfully pass a drug screening dismoster of employment it may be concentration as may be deamed necessary PLICATION. VERBAL STATEMENTS BY OR GUARANTEE EMPLOYMENT FOR ANY SPECIFIC TO FEMPLOYMENT FOR ANY SPECIFIC STATEMENT TO THAT I HAVE BEEN HIRED AT	dication. I also authorize, whether listed or not, any person, school, current employer, past employers a useful in making a hiring decision. I release such persons and organizations from any legal liability in examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of ditioned upon my successfully passing a complete pre-employment physical examination. I consent to to judge my capability to do the work for which I am applying. MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED Y DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY DOPENIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH
Signature: This application	on for employment will remain ac	Date: tive for a limited time. Ask the organization's representative for details.