

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or other legally protected status.

(PLEASE PRINT)

| | | | | | |
|-------------------------|--------|------------|------|------------------------|----------|
| Position(s) Applied For | | | | Date of Application | |
| Last Name | | First Name | | Middle Name | |
| Address | Number | Street | City | State | Zip Code |
| Telephone Number(s) | | | | Social Security Number | |

If you are under 18 years of age can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes give date _____

Have you been employed with us before? Yes No
 If Yes give date _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or Immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | | | |
|--------------------|-------------------|------------|--------------------|--------|----------------|
| 1. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Numbers | | Hourly Rate/Salary | | |
| | | | Starting | Ending | |
| Job Title | | Supervisor | | | |
| Reason for Leaving | | | | | |
| 2. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Numbers | | Hourly Rate/Salary | | |
| | | | Starting | Ending | |
| Job Title | | Supervisor | | | |
| Reason for Leaving | | | | | |
| 3. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Numbers | | Hourly Rate/Salary | | |
| | | | Starting | Ending | |
| Job Title | | Supervisor | | | |
| Reason for Leaving | | | | | |
| 4. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Numbers | | Hourly Rate/Salary | | |
| | | | Starting | Ending | |
| Job Title | | Supervisor | | | |
| Reason for Leaving | | | | | |

If you need additional space, please continue on a separate sheet of paper

List professional, trade, business or civic activities and offices held.

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Additional Information

Driving Record

| | | | | |
|---|----------------------|-----------------------------------|---|------------------------------------|
| Do you have a driver's license? | Yes | No | | |
| What is your means of transportation to work? | _____ | | | |
| Driver's license number _____ | State of issue _____ | <input type="checkbox"/> Operator | <input type="checkbox"/> Commercial (CDL) | <input type="checkbox"/> Chauffeur |
| Expiration date _____ | | | | |
| Have you had any accidents in the past three years? | Yes | No | How Many? | _____ |
| Have you had any moving violations during the past three years? | Yes | No | How Many? | _____ |

References

| | | | |
|---|-----------|-----|--------|
| 1 | | () | |
| | (Name) | | Phone# |
| | (Address) | | |
| 2 | | () | |
| | (Name) | | Phone# |
| | (Address) | | |
| 3 | | () | |
| | (Name) | | Phone# |
| | (Address) | | |

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all Statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documents or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

| | |
|---------------------------------|---------------|
| _____ Signature of Applicant | _____ Date |
|---------------------------------|---------------|