

For Office Use Only:

Date Received: _____

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

This application is active for 90 days.

The Company will make every effort to meet a request for disability accommodation. If you require accommodation to participate in our application process, please contact our office.

INSTRUCTIONS

Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered. PLEASE PRINT

Job Applied For _____ Today's Date _____

Employment status sought: Full-time Part-time Temporary Seasonal

When are you available for employment? _____

PERSONAL DATA

Last Name First Name Middle Initial

Present Street Address City State Zip Code

Telephone Number

Are you at least 18 years of age? Yes No

Have you ever applied here before? Yes No When? _____

Were you ever employed here? Yes No When? _____

Are you eligible to work in the United States? Yes No

Do you have any commitments or agreements with another employer
which might affect your employment here? Yes No

If yes, please explain _____

EDUCATION

Name, Address and Location of School	Highest Grade Completed	Did You Graduate?
High School: _____ _____		
College or University: _____ College Major: _____ Degree: _____		
Additional Educational and/or Vocational or Technical Training Information:	Courses Taken	Courses Completed
School: _____		
School: _____		
School: _____		

QUALIFICATIONS & SPECIAL SKILLS

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ State _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name and supply business references. If you worked in any of the positions under another name, please give name(s). **PLEASE GIVE MONTH AND YEAR.**

Employer		Supervisor	
Address		Phone	
Dates Employed From: To:	Position Held	Reason for Leaving	
Duties:			

Employer		Supervisor	
Address		Phone	
Dates Employed From: To:	Position Held	Reason for Leaving	
Duties:			

Employer		Supervisor	
Address		Phone	
Dates Employed From: To:	Position Held	Reason for Leaving	
Duties:			

Employer		Supervisor	
Address		Phone	
Dates Employed From: To:	Position Held	Reason for Leaving	
Duties:			

REFERENCES

Give three references, not relatives or former employers.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Yrs. Acquainted</u>	<u>Occupation</u>

AFFIDAVIT

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand that, if I am hired, I must produce applicable documents confirming my identity and showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, educational institutions, and other references, listed or not listed on this application, may be contacted by the Company. These references are authorized to give the Company any and all pertinent information they may have. I release all persons or entities involved, including the Company, from all liability arising from this contact and provision of information.

I agree to submit to any post-offer, pre-employment testing or physicals, as required by the Company.

I authorize the Company to conduct a criminal history check after an initial interview or conditional offer of employment and understand that unexpunged criminal convictions may be considered by the Company in making hiring decisions.

I agree to conform to all the Company's policies, rules, and procedures.

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between the Company and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and the Company has the same right.

Signature _____ Date _____