## **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 accurat<br>Use blank paper if you do not have<br>application. In reading and answering th<br>preferences or discrimination based upor | enough room on this<br>e following questions, l | application. <b>PLEASE</b><br>be aware that none o | PRINT, except for sig              | gnature on back of  |
|--|---|--|------------------------------------|---------------------|
| Job Applied for  |   |  | Today's Date                       |                     |
| Are you seeking: Full-time 🗌 Part-tir  | ne 🗌 Temporary 🗌                                | employment? W                                      | hen could you start wor            | k?                  |
| Last Name Fir  | rst Name  | Middle Name  | Teleph                             | one Number          |
| Present Street Address   | City  |  | State                              | Zip Code            |
| Are you 18 years of age or older?<br>(If you are hired, you may be required to subr  |   |  |                                    | Yes 🗌 No 🗌          |
| Social Security #  | If hired, can you furnis                        | h proof you are eligit                             | ble to work in the U.S.?           | Yes 🗌 No 🗌          |
| Have you ever applied here before?   | Yes 🗌 No 🗌                                      | If yes, when?                                      |                                    |                     |
| Were you ever employed here?   | Yes 🗌 No 🗌                                      | If yes, when?                                      |                                    |                     |
| Have you ever been convicted of any lay plea of "guilty" or "no contest." Exclude  |   |  |                                    | Yes 🗌 No 🗌          |
| If yes, give details<br>(A conviction will not necessarily di  | squalify an applicant for e                     | mployment.)  |                                    |                     |
| If employed, do you expect to be engage or employment outside of our job?  |   |  |                                    | Yes 🗌 No 🗌          |
| If yes, give details   |   |  |                                    |                     |
| For Driving Jobs <u>Only</u> : Do you have a va  | alid driver's license?                          |  |                                    | Yes 🗌 No 🗌          |
| Driver's License Number  |   | Class of Lice                                      | nse State Lice                     | nsed In             |
| Have you had your driver's licer   | nse suspended or revok                          | ed in the last 3 years                             | \$?                                | Yes 🗌 No 🗌          |
| If yes, give details:  |   |  |                                    |                     |
| List professional, trade, business or civic<br>race, color, religion, national origin, sex,<br>  |   |  |                                    |                     |
| LIST NAME AND ADDRESS OF SCH   | IOOLS   | Number of<br>Years<br>Completed                    | Diploma/<br>Degree/<br>Certificate | Subjects<br>Studied |
| High School or GED:  |   |  |                                    |                     |
| College or University:   |   |  |                                    |                     |
| Vocational or Technical:   |   |  |                                    |                     |
| What skills or additional training do you  | have that relate to the                         | job for which you are                              | e applying?                        |                     |
| What machines or equipment can you o   | perate that relate to the                       | ; job for which you a                              | re applying?                       |                     |

| 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                 | JOB TITLE AND DUTIES                 |  |  |
|-----------------------|-----------|--------------------------------------|--------------------------------------|--|--|
| ADDRESS               |           | DATES OF EMPLOYMENT (MO/YR): FROM TO |                                      |  |  |
| CITY, STATE, ZIP CODE |           | PAY: START \$ FINA                   | L\$                                  |  |  |
| 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 \$ FINA                   | L\$                                  |  |  |
| 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 \$ FINA                   | L\$                                  |  |  |
| SUPERVISOR(S)         | TELEPHONE | REASON FOR LEAVING                   |                                      |  |  |
| NAME OF EMPLOYER      |           | JOB TITLE AND DUTIES                 | JOB TITLE AND DUTIES                 |  |  |
| ADDRESS               |           | DATES OF EMPLOYMENT (MO/YR): FROM    | DATES OF EMPLOYMENT (MO/YR): FROM TO |  |  |
| CITY, STATE, ZIP CODE |           |                                      |                                      |  |  |
| CITY, STATE, ZIP CODE |           | PAY: START \$ FINA                   | L\$                                  |  |  |

| Name   | Address        | Phone | Phone |  |
|--|----------------|-------|-------|--|
| live three references, not relatives or former | employers.     |       |       |  |
| If yes, please explain:                        |                |       |       |  |
| lave you ever been fired from a job or asked   | to resign?     | Yes 🗌 | No 🗌  |  |
| If yes, whom do you suggest we con             | tact?          |       |       |  |
| Are you presently employed?                    |                | Yes 🗌 | No 🗌  |  |
| If yes, give names:                            |                |       |       |  |
| lave you worked or attended school under an    | y other names? | Yes   | No 📋  |  |

## 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 DEFINITE PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYEE. IF EMPLOYEE. IF EMPLOYEE. IF EMPLOYEE AND WHAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature:

This application for employment will remain active for a limited time. Ask the organization's representative for details.

Date: