

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 accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. Today's Date Job Applied for _____ Desired Salary? Available start date? Last Name First Name Middle Name Telephone Number Present Street Address City State Zip Code Date of Birth? (If you are hired, you may be required to submit proof of age.) Social Security # If hired, can you furnish proof you are eligible to work in the U.S.? Yes No If yes, when? No Have you ever applied here before? Yes If yes, when? _____ Were you ever employed here? Yes No Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." Exclude minor traffic violations.) Yes No If yes, give details (A conviction will not necessarily disqualify an applicant for employment.) If employed, do you expect to be engaged in any additional business or employment outside of our job?..... Yes 🗌 No 🦳 If yes, give details Yes No Do you have a valid driver's license? Driver's License Number _____ Class of License ____ State Licensed In If yes, give details: Diploma/ Number of Subjects LIST NAME AND ADDRESS OF SCHOOLS Degree/ Years Studied Completed Certificate 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 applying?

What machines or equipment can you operate that relate to the job for which you are 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	
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM	<u>T0</u>
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$	
SUPERVISOR(S) <u>TELEPHONE</u>	REASON FOR LEAVING	
NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM	<u>T0</u>
CITY, STATE, ZIP CODE	PAY:START \$ FINAL \$	
SUPERVISOR(S) <u>TELEPHONE</u>	REASON FOR LEAVING	
NAME OF EMPLOYER	JOB TITLE AND DUTIES	
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SUPERVISOR(S) <u>TELEPHONE</u>	REASON FOR LEAVING	
A		N. 🗖
Are you presently employed? If yes, whom can we contact for reference?	Yes 🗌	No 🛄
Have you ever been fired from a job or asked to resign? If yes, please explain:	Yes 🗌	No 🗌
Give three references, non relatives -or- former employers.		
Name Ad	ldress Phone	

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 SPECIFIED PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THAT THAY BEEN HIDDERSTAND THAT THAY BEEN HIDDERSTAND THAT HAY BEEN HIDDERSTAND THAT HAY BEEN HIDDERSTAND THAT DAYS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE ONLY FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED AND THAT HAY BEEN HIDDERSTAND THAT H

EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE. I understand, the first 30 days of employment is a "30 day Trial" to see if you are qualified for the company. I have read, understand, and by my signature consent to these statements.

Signature:

Date: