

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

signature on back of questions are intend	f application.	In reading a	and answering the	e following ques	stions, be awar	re that none o	of the	
Job Applied for		Today's Date						
Are you seeking:	Full-time	Part-time	Temporary	When coul	When could you start work?			
Last Name	Fi	irst Name	M	liddle Name	Tf	Telephone Number		
Address			City		State	State Zip Code		
Email Address Are you 18 years of	age or older	······································	Ves No (If	wou are hired you		te of Birth	oof of a	
Social Security #			. •		,	·		• ,
Were you ever emplo	 oved here? \	 ∕es No If v∈	es when?					
Have you ever been								
If yes, give details								
(A conviction will not ne	cessarily disqu	alify an applic	cant for employmen	it.)				
If employed, do you e	expect to be	engaged in a	any additional bus	siness or emplo	yment outside	of our job?	Yes	No
If yes, give details								
Driver's License Num	nber				State Issued	d		

FRUGATION								
EDUCATION								
High School or GED :		Graduated: Yes No						
College or University:		Graduated: Yes No						
What skills or additional training do you have that relates to the position for which you are applying?								
	nt. if self-employed, give	yer listed first. Account for all periods of time including firm name and supply business references. Note: A job and former employers.						
EMPLOYMENT								
Name of Employer		Job Title						
Address		Dates Worked						
Supervisor	Telephone	Reason for Leaving						
Name of Employer		Job Title						
Address		Dates Worked						
		Reason for Leaving						
Name of Employer		Job Title						
Address		Dates Worked						
Supervisor_	Telephone	Reason for Leaving						
Give three references;								
Name	Email	Phone Number						

AVAILABILITY								
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Morning:	Evening:		Nights:		Holidays:			
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 SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE 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 WITHOUT NOTICE.								

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