

## **APPLICATION FOR EMPLOYMENT**

## **An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully a blank paper if you do not ha reading and answering the fe discrimination based upon no	ve enough room or ollowing questions,	n this application be aware that no	. PLEASE PRIN	<b>T</b> , except for sign	ature on bac	k of applic	ation. In
Job Applied for				Today's Da	te		
Are you seeking: Full-time 🗌	Part-time	Temporary 🗌	employment?	When could you	ı start work?_		
Last Name	First Name	Middle N	ame		Telepho	ne Number	
Present Street Addres	S	City	State		Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Are you 18 years of age or old (If you are hired, you may be requ						Yes 🗌	No 🗌
If hired, can you furnish proof	you are eligible to v	work in the U.S.?.				Yes 🗌	No 🗌
Have you ever applied here b	efore? Yes [	No	If yes, when?				
Were you ever employed here	Yes [		If yes, when?				
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 no	ecessarily disqualify an						*******
If employed, do you expect to be engaged in any additional business or employment outside of our job?						No 🗌	
If yes, give details							
Do you have a valid driver's li							No 🗌
Driver's License Num							
Have you had your driver's license suspended or revoked in the last 3 years?							
If yes, give de							
List professional, trade, busin race, color, religion, national o	ess or civic activities origin, sex, age, disa	s and offices held bility, genetic inf	. (Exclude labor ormation or othe	organizations and er protected statu	d membershij s.)	os which re	veal
			-				
LIST NAME AND ADDRES	S OF SCHOOLS		Numt Yea Comp	ars	Diploma/ Degree/ Certificate		jects died
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? \_\_\_\_

C A

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ADDRESS		JOB TITLE AND DUTIES		
		DATES OF EMPLOYMENT (MO/YR): FROM TO		
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$		
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 \$ FINAL \$		
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 \$ FINAL \$		
SUPERVISOR(S)	TELEPHONE	Reason For Leaving		
		er names? Yes 🗌 No 🗌		

100 R E N C 1 5

Name

## PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

Address

No 🗌

Phone

Date:

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 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 hereby consent to a check of my driving record as a condition of employment, if required. required.

required. 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 WITH OR INTENDED TO THE ADDIDE. WITHOUT NOTICE.

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

If yes, please explain:

If yes, whom do you suggest we contact? \_\_\_\_

Give three references, not relatives or former employers.

Signature:

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