

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 Use blank paper if you do not have end application. In reading and answering the for preferences or discrimination based upon no	ough room on this a ollowing questions, b	application. PLE e aware that no	ASE PRINT, except f	or signature on back of
Job Applied for			Today's Date	
	t work?			
Last Name First N	Name	Middle Name	Middle Name Telephone Number	
Present Street Address	City		State	Zip Code
Are you 18 years of age or older? (If you are hired, you may be required to submit				Yes No
Social Security # If I	hired, can you furnish	n proof you are e	ligible to work in the l	J.S.? Yes No No
Have you ever applied here before? Y	es No	If yes, when?		
Were you ever employed here?	es No No			
Have you ever been convicted of any law v plea of "guilty" or "no contest." Exclude m				Yes 🗌 No 🗌
If yes, give details(A conviction will not necessarily disqu	alify an applicant for en	nployment.)		
If employed, do you expect to be engaged or employment outside of our job?				Yes No
If yes, give details				
For Driving Jobs \underline{Only} : Do you have a valid	driver's license?			Yes 🗌 No 🗌
Driver's License Number		Class of I	icenseState	e Licensed In
Have you had your driver's license	suspended or revoke	ed in the last 3 y	ears?	Yes 🗌 No 🗌
If yes, give details:				
List professional, trade, business or civic ac race, color, religion, national origin, sex, ag			· ·	•
LIST NAME AND ADDRESS OF SCHOOL	DLS	Numbe Yea Comple	s Degree	Subjects Studied
High School or GED:				
College or University:				
Vocational or Technical:				
What skills or additional training do you have	ve that relate to the j	ob for which you	ı are applying?	
What machines or equipment can you operate	ate that relate to the	job for which yo	ou 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	ТО			
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	ТО			
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	ТО			
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	то			
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$				
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING				
Have you worked or attended school under any other names? If yes, give names: Are you presently employed?						
Name	• •	dress	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 DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN A GREEMENT 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 WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements. Date: Date:						
This application for employment will remain active for a limited time. Ask the organization's representative for details.						