



An Equal Opportunity Employer

1. APPLICATION FOR EMPLOYMENT

This application is active for _____ days.

The Company will make every effort to meet a request for disability accommodation. If you require accommodation to participate in our application process, please contact our office.

INSTRUCTIONS

Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered. **PLEASE PRINT**

Job Applied For: _____ Today's Date: _____

Employment status sought: Full-time Part-time Temporary Seasonal

What is your available start-date? _____

PERSONAL DATA

Last Name First Name Middle Name

Present Street Address City State Zip Code

Telephone Number

Are you at least 18 years of age? Yes No

Have you ever applied here before? Yes No When? _____

Were you ever employed here? Yes No When? _____

Are you eligible to work in the United States? Yes No

Do you have any commitments or agreements with another employer which might affect your employment here? Yes No

If yes, please explain: _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name and supply business references. If you worked in any of the positions under another name, please give name(s). **PLEASE GIVE MONTH AND YEAR.**

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|--------------------------------|---------------|--------------------|--|
| Employer | | Supervisor | |
| Address | | Phone | |
| Dates Employed | Position Held | Reason for Leaving | |
| From: To: | | | |
| Duties: | | | |
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|--------------------------------|---------------|--------------------|--|
| Employer | | Supervisor | |
| Address | | Phone | |
| Dates Employed | Position Held | Reason for Leaving | |
| From: To: | | | |
| Duties: | | | |
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|--------------------------------|---------------|--------------------|--|
| Employer | | Supervisor | |
| Address | | Phone | |
| Dates Employed | Position Held | Reason for Leaving | |
| From: To: | | | |
| Duties: | | | |
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REFERENCES

Give three references, not relatives or former employers.

| <u>Name</u> | <u>Phone</u> | <u>Yrs. Acquainted</u> | <u>Occupation</u> |
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AFFIDAVIT

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand that, if I am hired, I must produce applicable documents confirming my identity and showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, educational institutions, and other references, listed or not listed on this application, may be contacted by the Company. These references are authorized to give the Company any and all pertinent information they may have. I release all persons or entities involved, including the Company, from all liability arising from this contact and provision of information.

I agree to submit to any post-offer, pre-employment testing or physicals, as required by the Company.

I authorize the Company to conduct a criminal history check after an initial interview or conditional offer of employment and understand that unexpunged criminal convictions may be considered by the Company in making hiring decisions.

I agree to conform to all the Company's policies, rules, and procedures.

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between the Company and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and the Company has the same right.

Signature : _____

Date: _____