Application for Employment



Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. We are an equal opportunity employer.

Please Print			
Position applied for		Application	Date/
Name	FIRST		MIDDLE
Address		CITY	STATE ZIP CODE
Home Phone ()			STATE ZIP CODE
Shift preferred $\Box 1$ $\Box 2$ $\Box 3$	□Any	Expected pay	
Would you accept full-time work? ☐ Yes	☐ No Would you accept part-	-time work? Yes] No
On what date would you be available for wo	ork?		
If necessary, best time to call you is	: AM Home Cellula	r/Other	
How were you referred to our Company?			
Have you submitted an application here be	fore? Yes No If yes, please give	date(s) and position(s): _	
Have you ever been employed here? ☐ Ye	es 🔲 No If yes, please give dates:		
Is this application a request for reemployment If yes, additional information may be requested.		e of absence from our Cor	mpany? Yes No
If you are under 18 years old, can you provi	ide a work permit if required?	□No	
Are you legally eligible for employment in t	the United States? (If yes, proof is requi	red if hired.) ☐ Yes ☐	No
Are you able to perform the "essential function." NOTE: This question is not designed to elicit information accommodation, or whether accommodation is necessed. Yes No Need more information.	tion about an applicant's disability. Please do not sary. These issues may be addressed at a later stag	provide information about the ege, to the extent permitted by law	existence of a disability, particular
Will you travel if required? ☐ Yes ☐ N	o Will you work overtime if requ	ired? Yes No	
If they have been explained to you, are you	able to meet the attendance requirement	nts of the position? $\square Y$	es □No □N/A
Have you ever been bonded? ☐ Yes ☐	No		
Please provide your driver's license number	r, if driving is required for this job		State
Have you entered into an agreement with an restrict your ability to work for our Compa		_	
NOTE: Answering "yes" to the following question does violation, rehabilitation and position applied for will be Have you ever pleaded "guilty" or "no contout If yes, please provide date(s) and details:	e taken into account.		se, seriousness and nature of the

Employment Experience





☐ Employer				
Contact Name	E-mail			
Address		Phone ()	
Job Title	Supervisor			
Dates employed: from (mm/yy) to (mm/yy)	Hourly rate/salary: starting		final	
Work performed				
Reason for leaving				
What did you like most about your position?				
What were the things you liked least about the position?				
☐ Employer				
Contact Name	E-mail			
Address		Phone ()	
Job Title	Supervisor			
Dates employed: from (mm/yy) to (mm/yy)	Hourly rate/salary: starting		final	
Work performed				
Reason for leaving				
What did you like most about your position?				
What were the things you liked least about the position?				
Employer				
Contact Name				
Address				
Job Title	-			
Dates employed: from (mm/yy) to (mm/yy)				
Work performed				
Reason for leaving				
What did you like most about your position?				
What were the things you liked least about the position?				

Employment Experience (continued) plain any gaps in your employment, other than t



Explain any gaps in your employment, other	er than those due to personal illness	injury 01 albaomity.		
	n from a job?			
Education Background				
High School:		Location		
Course of study	Did you graduate?	☐ Yes ☐ No Degree or diploma		
College:		Location		
Course of study	Did you graduate?	☐ Yes ☐ No Degree or diploma		
Graduate School:		Location		
Course of study	Did you graduate?	☐ Yes ☐ No Degree or diploma		
Vocational Training/Other:		Location		
Course of study	Did you graduate?	☐ Yes ☐ No Degree or diploma		
Continuing Education:				
Special Training or Skills				
Languages, machine operation, etc., th	nat would be of benefit in the job for	which you are applying.		
Social Security Number				
SS#	The Company will make rea	sonable efforts to safeguard the privacy of this information		
and will use it only for employment pu	- ·			

References

List names and telephone numbers of three business/work references who are **not**. If not applicable, list three school or personal references who are **not** related to you.



Name	Title	Relationship to You	Telephone	E-Mail	Years Known

Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant's signature	Date	/	/	/



em #A0406_English

