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 guestion fully and accurately. No action can be taken on this application until you have answered all guestions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. Today's Date Job Applied for Are you seeking: Full-time Part-time Temporary employment? When could you start work? Last Name First Name Middle Name Telephone Number Present Street Address City State Zip Code (If you are hired, you may be required to submit proof of age.) If hired, can you furnish proof you are eligible to work in the U.S.? Yes 🗌 No 🗌 Social Security # No 🗌 If yes, when? Yes Have you ever applied here before? Were you ever employed here? Yes 🗌 No 🗌 If yes, when? Have you ever been convicted of any law violation? Include any If yes, give details (A conviction will not necessarily disqualify an applicant for employment.) If employed, do you expect to be engaged in any additional business or employment outside of our job?..... Yes 🗌 No 🗍 If yes, give details No 🗌 Class of License State Licensed In Driver's License Number No 🗌 If yes, give details: List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) Number of Diploma/ Subjects LIST NAME AND ADDRESS OF SCHOOLS Dearee/ Years Studied Completed Certificate 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? What machines or equipment can you operate that relate to the job for which you 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	JOB TITLE AND DUTIES		
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	ТО		
CITY, STATE, ZIP CODE		PAY: START \$ FINA	L\$		
SUPERVISOR(S)	TELEPHONE	Reason For Leaving			
NAME OF EMPLOYER		JOB TITLE AND DUTIES	JOB TITLE AND DUTIES		
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	ТО		
CITY, STATE, ZIP CODE		PAY: START \$ FINA	L\$		
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 \$ FINA	L\$		
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING			
NAME OF EMPLOYER		JOB TITLE AND DUTIES	JOB TITLE AND DUTIES		
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	то		
CITY, STATE, ZIP CODE					
CITY, STATE, ZIP CODE		PAY: START \$ FINA	L\$		

Name	Address	Phone	
live three references, not relatives or former	employers.		
If yes, please explain:			
lave you ever been fired from a job or asked	to resign?	Yes 🗌	No 🗌
If yes, whom do you suggest we con	tact?		
Are you presently employed?		Yes 🗌	No 🗌
If yes, give names:			
lave you worked or attended school under an	y other names?	Yes	No 📋

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 DEFINITE PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYEE. IF EMPLOYEE. IF EMPLOYEE. IF EMPLOYEE AND WHAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYEE AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT NOTICE.

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

Signature:

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

Date: