APPLICATION FOR EMPLOYMENT

Please TYPE or PRINT clearly. *This application must be completed and signed personally by the applicant.* Each question must be answered in full. If the answer is "No" or "None then indicate so. We appreciate your interest in our organization. This company subscribes to all Federal and State statures which prohibit discrimination. We consider all applications for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital, veteran, or any other legally protected status or class.

	Fir	st	Middle Initial		Social Security Nu	mber
er	manent Address:					
City	Sta	ite	Zip		Telephone Numbe	r
1.	Are you eighteen (18) years of age or	· older?			() yes	() no
2.	Are you employed now?				() yes	() no
		ammlayan?				, ,
_	If so, may we inquire of your present				() yes	() no
3.	Position applied for:			Rate of pay exp	ected: \$	/wk
1.	Other position(s) qualified for:					
5.	Are you legally eligible for employm	ent in the United States?			() yes	() no
5.	Check shift(s) you can work: () Full Time () Par	t Time () Day	() Evening	() Night	
7.	Special Licenses of Certifications:					
	Expiration Date:					
8.	Have you been convicted of and/or p	lead guilty to a felony or	misdemeanor in the p	ast seven (7) year	s? () yes	() no
	If yes, please list the specific nature a sentence on the attached sheet of pap					sition of
).	Have you ever been employed by this	s company?			() yes	() no
10.	Americans with Disabilities Act Clar you perform the essential job function	ification: If a job description if a job description if a job description you have	otion has been provide ave applied for?	d, with or withou	t reasonable accomm () yes	nodation, c
11.	Education:					
	Circle Highest Grade Completed:	Grade School	High School	<u>College</u>	<u>Graduate</u>	
		12345678	9 10 11 12	1 2 3 4	1 2 3 4	
	High School: Name			Location		
	Name			Location		
				Location Location		

	EWIT LOT IMEN	NT RECORD (L	ist most i	ecent mst)		
Name of Company	Address					Phone
Dates of Employment: From_	To		Salary	Start: \$	per	
Type of Business:		_		Last: \$	per	
Your Position/Title		Supervisor				_
Reason for Leaving						
Briefly Describe Your Duties	and Responsibilities:					
Name of Company	Address					Phone
Dates of Employment: From	To		Salary	Start: \$	per	
					per	
-		-			·	
		_				_
<u> </u>	and Responsibilities:					
Difference Tour Duries	and reosponotometer.					
Name of Company	Address					Phone
	То		Salary	Start: \$	ner	
	10		Sulary		per	
					·	
		_				_
	and Responsibilities:					
Briefly Beschiee Tour Buttes	and responsionaes.					
Explain and give details of any	y period of unemployment longer that	n 30 days: (Use add	itional shee	t if needed)		
REFERENCES: (C	Other than relatives) (List Thro	ee)				
Name	Complete Address	Phone	Occupa	ation		Years Known
Name	Complete Address	Phone	Occupat	ion		Years Known
Name	Complete Address	Phone	Occup	ation		Years Known
that any misrepresentation is c	ny information provided on this appli- ause for voiding this application or te r, regardless of the date of payment of	ermination of employ f my wages or salary	ment if hir	ed. I understand a	and agree that, if l	nired, my employment is
Date	Signature of Applican	nt				

ADDENDUM TO EMPLOYMENT APPLICATION						
Additional information regarding question #8. Conviction Record. If you answered yes, and have been convicted of a felony or misdemeanor in the past seven (7) years, please provide additional information such as the date of the offense, the seriousness and nature of the offense, and rehabilitation completed.						
Applicant Signature:	Date:					
(Please note: The organization reserves the right to reject individuals for employment regarding job related convictions. A conviction record will not necessarily be a bar to employment. Factors such as the seriousness and nature of the violation and rehabilitation will be taken into account).						

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REFERENCE CHECK HOLD HARMLESS STATEMENT

I hold harmless any company or individual furnishing information regarding my employment or personal background that may be used in connection with this application for employment.

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment or furnished elsewhere, as may be necessary in arriving at an employment decision.

I understand that misrepresentation of any material fact may be cause for rejection of my application or termination of my employment.

I understand also that if employed I am required to abide by all rules and regulations of the company.

Applicant Name (print or type)	_	
Applicant Acknowledgment	Date	
Company Representative	Date	