



Application For Employment

Important Notice: WE ARE AN EQUAL OPPORTUNITY EMPLOYER
 We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, pregnancy, veteran's status, handicap or disability which (with reasonable accommodations, if requested) does not interfere with the performance of essential job functions, or any other legally protected status. If you have a disability which may require accommodation for you to participate in our application process (including filling out this form, interviewing or any other pre-employment procedure or requirement), please make us aware of any accommodation you feel is needed prior to attempting to complete such procedure or requirement.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us? (Names requested in this section are voluntary and only pertain to incentive programs)	Salary Expected?
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

Have you ever filed an application with us before? No Yes, specify date _____

Have you ever been employed with us before? No Yes, specify date _____

Are you currently employed: Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Are you 18 years of age or older? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time All Shifts Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Education

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study in High School and above																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
List any license, certifications or additional information you feel may be helpful to us in considering your application																	

Character References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

If the specific job functions of the job for which you are applying have been explained or you feel they are so obvious that you know them, please answer the following (otherwise leave this question blank): Can you perform all necessary tasks of such job(s) with or without a reasonable accommodation?

Yes No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national ancestry or origin, disability, veterans or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving					

(If you need additional space, please continue on a separate sheet of paper.)

Attendance

Our attendance control policies aim to reduce employee absenteeism and tardiness and require employees to call in promptly when they will be unexpectedly absent or tardy. Will you normally be able to meet a reasonable attendance and call-in requirement with or without reasonable accommodation? Yes No

My attendance record at my last place of employment was:

Excellent Good Satisfactory Poor Unsatisfactory

Although it is not required, you may voluntarily explain your answer, if you wish:

Special Skills and Qualification

Summarize any special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

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

In the event of employment, I understand that false or misleading information given in this application or interview(s) may result in refusal to hire or, if employed, may subject me to discharge at any time after its discovery. If employed, I agree to abide by all rules and regulations of the company in effect from time to time.

I agree to have character investigations with the knowledge that this is to become part of my employment record. I hereby authorize my former employers and references to furnish any information concerning me and release them from any and all liabilities or damages of any nature because of furnishing such information. They may rely on a copy of this release.

I authorize the release of my educational transcripts to the Company for purposes of employment review.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that I may resign at any time, and the Company may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged as applying to me in writing and signed by the President of the Company.

If offered employment, I understand that I have an obligation to inform the Company of any changes such as phone number, address, marital status, etc.

If applicable, I agree to take a complete physical examination after an offer of employment has been extended and prior to my start date, and at anytime during my employment if the Company requires me to do so. I understand that the examining physician or facility may disclose to the Company or its representatives the results of such examination subject to its use on a need-to-know basis, and that the medical records will be maintained separately from employment records. I understand that my continued employment may be conditioned on the findings of this examination.

I agree, if the Company requires me to do so, to undergo a comprehensive drug test prior to hire and drug/alcohol tests at any time during my employment at the discretion and expense of the Company. I agree to sign the required forms authorizing such testing and permitting the examining laboratory to disclose to the Company and its representatives the results of such tests to be included in my medical records. I understand my initial and continued employment is conditioned on my consent to such testing as well as the findings/results of the tests.

I authorize the Company to conduct a check of my criminal background. I understand that this will include a check of conviction records in any and all states in the United States, as well as any federal conviction records. I understand that a previous conviction may disqualify me from employment or from a particular assignment.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should again inquire as to whether or not applications are being accepted at that time.

Signature of Applicant*

Date

*Are there any other names that your credit, education transcripts or employment records would be listed under? Yes No

If yes, please list: _____

FOR COMPANY USE ONLY

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national ancestry or origin, age, pregnancy, veteran's status, handicap or disability which (with reasonable accommodations, if requested) does not interfere with the performance of essential job functions, or any other legally protected status.

We comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports may be required to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. DO NOT COMPLETE UNLESS SPECIFIC ITEMS HAVE BEEN CHECKED BELOW.**

VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of any Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name		
Address		
City	State	Zip
Social Security No.		

Complete Only The Sections Below That Have Been Checked	
	Current Job
Check One:	<input type="checkbox"/> Male <input type="checkbox"/> Female Age
Check One of the Following: (Ethnic Origin)	<input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Two or More Races
Check if Any of the Following are Applicable	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Individual

