

Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions <u>must</u> be answered.

Position		

PERSONAL DATA								
Name (last, first, middle)								
Street Address and/or Mailing Address		City			State	Zip		
Home Telephone Number		Business Telephone Number		Number	mber Cellu		ellular Telephone Number	
Date you can start work		Salary Desired		1		Do you have a High School Diploma or GED? Yes No		
POSITION INFOR	POSITION INFORMATION Check all that you are willing to work							
Hours: Full Time Part Time		Days Evenings			yard 🔲 ends 🗌	ard D Status: Regular D		
Are you authorized to work	c in the U.S	. on an unrestricted	basis?			Y	es 🔲	No 🗌
Have you been told the esse Yes No		ons of the job or ha	ve you been viewed a co	opy of the job descr	iption listi	ng the essential fun	ctions of the j	ob?
Can you perform these esse	ential function	ons of the job with o	or without reasonable ac	commodation?	Yes 🗆	No]	
QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.								
	School Name Degree				Address/City/State			
School								
School								
Other								
SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.								
REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.								
Name	Name Address/City/State				P	none	Relationship	

WORK HISTORY Start with your personne	ar most recent ampleument and work back. Use separate abo	et if necessary. (INCLUDE PAID AND UNPAID POSITIONS
Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving		
May we contact your present en	nployer? Yes No N/A	
Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving		
Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving		
Job Title #4	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip

Duties:

Reason for Leaving

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.