

## **APPLICATION FOR EMPLOYMENT**

Date:

Please complete all sections. Incomplete applications will not be considered.

If applicable, please submit a current résumé with this Application.

We are an equal opportunity employer. We do not base our employment decisions on an employee's or applicant's race, sex, sexual orientation, age, religion, color, national origin, citizenship, disability, handicap, veteran status, or any other factor prohibited by local, state, or federal law. Any applicant who requires accommodation to perform the essential functions of the job for which they are applying should contact the Human Resources Manager.

## **PERSONAL INFORMATION (Please Print)** Name Address Telephone No. (home/cell) \_\_\_\_\_ (work) \_\_\_\_\_ Yes \_\_\_\_\_ No \_ Are you legally eligible for employment in the United States? (Proof will be required if hired.) Are you less than 18 years of age? Yes \_\_\_\_\_ (Note: We comply with State and Federal child labor regulations.) EMPLOYMENT DESIRED Position(s) applied for: \_\_\_\_\_\_ Wage/Salary Desired: \_\_\_\_\_ For what type of work are you applying (Check all that apply) ☐ Temporary ☐ Regular ☐ Full-Time ☐ Part-Time If hired, on what date can you start work? \_\_\_\_\_ How many hours per week are you available? \_ Please list the days and times you would be available for work: If hired, can you work overtime? ☐ Yes ☐ No

How did you hear about the position?

	YMENT HISTORY		T.C.				N
							es No
Please pr	rovide the following in	nformation conce	rning each of y	our employ	vers, starting w	rith your present	or most recent position.
DATES FROM-TO	COMPANY NAME & ADDRESS	PHONE NUMBER	JOB TITLE DUTI		SALARY	NAME OF SUPERVISOR	R REASON FOR LEAVIN
If there h	nave been any gaps in	your employmen	nt during the la	st ten years	, please provio	le the date of and	I the reason for the gaps in
	e provided below.		C	•	, 1		0 1
EDUCA	TIONAL BACKGR	OUND					
SCHOOL		NAME & LOCATION		NUMBER OF YEARS COMPLETED (Do NOT write dates attended)			DID YOU GRADUATE?
HIGH SCHOO	DL						
ΓECHNICAL	SCHOOL						
COLLEGE							

LEGE		
ER		
	re applicable to the position sought, incluany), and the authority that issued the lice	
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## REFERENCES

Please list three people, who are not related to you, that you have known for at least one year, and whom we may contact as additional references.

NAME	HOW DO YOU KNOW THIS PERSON?	YEARS KNOWN	PHONE NUMBER	ADDRESS

## APPLICANT'S STATEMENT

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application or during the employment process may be considered sufficient cause for rejection of this application or dismissal if I have been employed, no matter when discovered by <COMPANY NAME> ("the Company.")

I authorize the Company to personally contact my former employers and references to obtain relevant information about my qualifications for employment. I hereby release and authorize my former employers and references to provide lawful information about me to the Company. I further authorize the Company, or its designated agent, to thoroughly investigate my background, references, education, criminal record, employment record, and other matters related to my suitability for employment.

I understand that <u>nothing contained in this application</u>, <u>or conveyed during any interview which may be granted</u>, <u>is intended to create or does create an employment contract</u>. I further understand that if I am hired, my employment will be at-will, which means that it is for no definite period and may be terminated at any time, without cause or prior notice, at the option of either myself or the Company.

I understand that employment is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire me.

If hired, I agree to abide by all Company work rules, policies and procedures relating to work performance and conduct.

I UNDERSTAND THAT THE COMPANY WILL ONLY CONSIDER THIS APPLICATION FOR 30 DAYS, AND THAT I WILL HAVE TO COMPLETE A NEW APPLICATION IF I WANT TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT PERIOD OF TIME.

THAT PERIOD OF TIME.	
Signature of Applicant	Date