



EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all federal and state laws prohibiting employment discrimination solely based on a person's race, religion, color, national origin, sex, age (over 40), physical handicap, disability, marital status, sexual orientation, veteran status or citizenship status (except where a bona fide occupational qualification exists).

Date of Application: _____

APPLICANT INFORMATION

Applicant Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ Email Address: _____

Driver's License Number: _____ Social Security Number: _____

PERSONAL INFORMATION

Please list names under which you were previously employed or educated:

If hired can you provide proof of citizenship or right to work in the United States? Yes No

Do you have any condition which would require job accommodations? Yes No
If yes, please describe accommodations required below.

Have you ever been convicted of a felony, pleaded no contest, or been convicted of a misdemeanor, including sex related or child abuse related offenses, resulting in imprisonment or a fine over \$500, during the last 10 years? (Conviction will not necessarily disqualify an applicant. The seriousness of the crime and date of conviction will be considered). Yes No

If yes, please explain:

EMPLOYMENT POSITION

For what position are you applying? _____

How did you hear about this position? _____

What days are you available for work? _____

What shift times are you available for work? _____

If hired, on what date can you start working? _____ Salary desired: _____

EDUCATION/TRAINING/SKILLS

High School

Name	City, State	Major Course or Subject	Circle Last Year Completed	Degree/GPA
			1 2 3 4	

College/University

Name	City, State	Major Course or Subject	Circle Last Year Completed	Degree/GPA
			1 2 3 4	

Technical/Vocational

Name	City, State	Major Course or Subject	Circle Last Year Completed	Degree/GPA
			1 2 3 4	

Please list any other education, training, special skills, or certifications you possess for the position for which you are applying: _____

PREVIOUS EMPLOYMENT

If not included on attached resume, please list previous two employers with current employment first.

Employer Name: _____	Employer Name: _____
City, State: _____	City, State: _____
Phone Number: _____	Phone Number: _____
Job Title: _____	Job Title: _____
Duties: _____	Duties: _____
Supervisor Name: _____	Supervisor Name: _____
Dates Employed: _____	Dates Employed: _____
Reason for Leaving: _____	Reason for Leaving: _____
Salary: _____	Salary: _____

ADDITIONAL INFORMATION

Please provide contact information for up to three references, if not attached.

Is there anything else you'd like us to know about you?

APPLICANT'S CERTIFICATION

I authorize without liability investigation of all statements in this application. I expressly waive all provisions of law prohibiting any person, or other Institution from disclosing the Company any knowledge or information thereby required.

I authorize all schools which I attended and all previous employers to furnish the Company my record, reason for leaving and all information they may have concerning me, and I hereby release them and the Company from all liability for any damage whatsoever arising therefrom.

I understand that in the event of my employment by the Company, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information requested. In the event of my employment by the Company, I agree to abide by all present and subsequently issued roles of the Company. I understand that if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without just cause, the employer's only obligation being to pay wages due and owing at the time of termination.

Applicant's Signature: _____

Date: _____