

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought:					
How did you learn abou	it the position?				
Name			Date		
Address		_ City	State	Zip	
Home Phone	Office Pho	ne	Other Phone_		
Email Address:	\$	Social Security Nur	nber (if hired):		
On what date would you be available for work?			Desired Wage/Salary \$(Required)		
Are you a U.S. citizen,	or are you otherwise author	ized to work in the	U.S. without any restr	riction? [] Yes [] No	
Have you ever been co	nvicted of a felony? [] Y	es [] No If y	es, please describe cir	cumstances:	
Have you ever been inv	voluntarily terminated or ask	ted to resign from a	any position of employ	yment? [] Yes [] No	
If selected for employm	ent, are you willing to subm	it to a pre-employm	nent drug screening tes	t? [] Yes [] No	
EDUCATION					
School Name	Location	Years Attended	Degree Received	Major	
Other training, certificat	tions, or licenses held:				

List other information pertinent to the employment you are seeking:

(Most Recent First.)					
1. Employer	Job Title				
Dates Employed	Prior Position Held within Company (if any):				
Address	City St		Zip		
Phone	Job Title	Supervisor	1.		
Starting Salary	CityStateZip Job TitleEnding Salary				
Duties Performed		· · ·			
Reason for Leaving					
2. Employer	Job Title				
Dates Employed	Job Title Prior Position Held within Company (if any): City State Zip Job Title Supervisor				
Address	City	State	Zip		
Phone	Job Title	Supervisor			
Starting Salary	Ending Salary				
Duties Performed					
Reason for Leaving					
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3. Employer	Job Title				
Dates Employed	Prior Position Held within Company (if any):				
Address	City	State	Zıp_		
Phone	Job Title	Supervisor			
Starting Salary		Ending Salary			
Duties Performed					
Reason for Leaving					

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that 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 as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee 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 in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Print Your Name

Signature of Applicant

Date