

Employment Application

We are an equal opportunity employer and do not unlawfully discriminate in employment. Equal access to employment, services and programs is available to all persons. No question on this application is asked for the purpose of excluding any applicant from consideration for employment because of race, sex, age, color, religion, marital status, sexual orientation, veteran status, status with regard to public assistance (e.g. welfare payments), source of income, national origin, citizen status, or physical or mental disability. Employment is based solely on the company's requirements and the individual's qualifications. Those applicants requiring reasonable accommodations should notify the representative of the company as soon as possible ahead of time.

Date: _____

Applicant Name: _____

Address: _____

Telephone #: _____ Social Security #: _____

Position applied for or type of work desired: _____

Date available to work: _____

Are you available to work any shift? YES NO

If no, please explain _____

Are you available to work any day of the week? YES NO

If no, please explain _____

Are you available to work in all markets in which we are located? YES NO

If no, please explain _____

Wage requirement: _____

Have you ever been previously employed by this company? ___Yes ___No

Can you submit proof of legal employment authorization and identity? ___Yes ___No

Are you 21 years of age or older? ___Yes ___No

Have you been convicted of a crime in the last 7 years? ___Yes ___No

If yes, please explain (Do not include traffic tickets. Note: Conviction of a crime or crimes will not necessarily disqualify you from employment). _____

Have you ever been discharged or asked to resign? ___Yes ___No

If yes, please explain: _____

Have you ever served in the military? ___Yes ___No

If yes, please describe the skills you acquired: _____

Do you have means for getting to work regularly? ___Yes ___No

Please list any languages other than English you can read, write or speak: _____

If an offer of employment is made, and prior to your commencement of employment duties, you may be required to undergo a medical examination and/or drug test, the results of which may affect the offer of employment. Are you willing to undergo such an examination? ___Yes ___No

Employment History

Please provide all employment information for your past 4 employers starting with the most recent.

Employer: _____

Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____

Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____

Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____

Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Education History

List school name and location, years completed, course of study and any degree earned:

High school: _____

College: _____

Technical training: _____

Other: _____

References

List 3 reference names, telephone numbers and years known (do not include relatives).

I hereby authorize the company to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability the company and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the company can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of the company not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

By completing and signing this application, I understand and agree to submit to drug and alcohol testing as provided for in the organization's drug and alcohol policy.

I represent that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature: _____

Date: _____

ATTENTION APPLICANT: This application will be kept under active consideration for no more than 30 days from the date of application.