## APPLICATION FOR EMPLOYMENT



All fields must be completed.		AN EQUAL OPPORTUNITY EMPLOYER				
Date of Application: Position Applied for:						
THIS APPLICATION IS NOT AN EMPLOYM It is the policy of the company to provide of sex, race, color, religion, age, marita status, genetic information, or any other	equal employme Il status, national	nt to all qualified pe origin, ancestry, p	rsons wit regnancy	hout discrimination on the basis , citizenship, disability, veteran		
APPLICANT INFORMATION						
Last Name	First Name		Middle			
Street Address			•			
City		State	ZI	P Code		
Phone		Email				
Can you, upon employment, provide documentation verifying your identity and legal right to work in the United States? YES $\square$ NO $\square$						
Do you understand the essential functions of the position for which you are applying? YES $\square$ NO $\square$						
Can you perform the essential functions of the position with or without reasonable accommodation? YES $\square$ NO $\square$						
Will you work overtime if needed? YES $\square$ NO $\square$						
Do you currently have any relatives working for the company? YES $\square$ NO $\square$ If so, please list all name(s)						
Are you 16 years of age or older? YES $\square$ NO $\square$ Are you 18 years of age or older? YES $\square$ NO $\square$						
Have you ever been discharged or forced to resign? YES $\square$ NO $\square$						
Have you ever been <b>convicted</b> of a felor years? (Note that a record of conviction						
If yes, please list convictions, dates, and county/state of conviction:						
EDUCATION & SKILLS						
Name & Location	Graduate (Y/N)	Degree/Diploma Av	warded	Major Area of Study		
High School						
College						
Conce						
Other						
List any other education, certification(s),	or trade skills tha	at you have which re	elate to th	nis job.		

## EMPLOYMENT HISTORY Company \_\_\_\_ Phone: \_\_\_\_ Address: \_\_\_ Employed from\_\_\_\_\_to \_\_\_\_ Supervisor: \_\_\_\_ Starting pay\_\_\_\_ \_\_\_\_\_Ending pay Title: \_\_\_ Responsibilities: \_\_\_\_ Reason for leaving: \_\_\_\_ May we contact this employer? YES $\square$ NO $\square$ Phone: \_\_\_\_ Employed from to Starting pay Ending pay Responsibilities: Reason for leaving: \_\_\_\_ May we contact this employer? YES $\square$ NO $\square$ Company \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_ Supervisor: Employed from\_\_\_\_\_to \_\_\_\_ Title: \_\_\_\_\_ Starting pay \_\_\_\_\_Ending pay \_\_\_\_\_ Responsibilities: Reason for leaving: May we contact this employer? YES $\square$ NO $\square$

## DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge, and I authorize the investigation of all statements contained herein. If this application leads to employment, I understand that false or misleading information in my application or interview may result in denial or termination of my employment. I will agree to a background check upon offer of a position and further understand and consent to the results of the background check being communicated to the company.

I further agree to submit to alcohol and/or drug screening tests, if requested of me, at any time during my employment in accordance with applicable law, and I further understand and consent to the results of said tests being communicated to the company. I agree, if I am offered and accept a position, to conform to all existing and future company rules and regulations, and I understand that the company reserves the right to change wages, hours, and working conditions as it deems necessary. I further understand that no one, other than the President of the company in writing, has the authority to enter into an employment agreement with me that differs from that which is outlined here, and that if I should become employed by the company, the employment relationship is "at will" and can be terminated by either party, at any time, for any or no reason.

I expressly agree and understand that, if I become employed, my employment is not for a specific term, is based on mutual consent, and may be terminated by me or my employer(s) with or without notice or cause at any time. I further understand that no oral promise, employer(s) policy, custom, business practice or other procedure (including the basic employment policies, personnel handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the employer(s).

I further understand that this application for employment will remain "active" for thirty (30) days from today's date. If I still desire a position with the company, it will be my responsibility to fill out a new application and file it with the company after that period expires.

Signature	Date	
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