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HOBBIES: INTERESTS

APPLICATION FOR EMPLOYMENT

Employer is an equal opportunity employer and does not discriminate against any individual in any phase of employment in accordance with the requirements of local, state and federal law. **PERSONAL** Please print all information except your signature. __ Telephone No.:___ Name FIRST Present Address _ STREET CITY STATE 7IP Previous Address STREET STATE CITY 7IP Indicate hours and days of availability. (Unavailability should be limited to reasons other than religious observances and practices or military Positions applied for _____ training.) Monday Friday Tuesday Saturday Rate of pay expected \$ per hr. Wednesday Sunday Thursday No preference If your application is considered favorably, on what date will you be available for work? _____ How were you referred to EMPLOYER for employment? Were you previously employed by us? ______ If yes, when? _____ ☐ Advertisement ☐ Friend If you are hired, will you have reliable transportation to EMPLOYER's place of work?_____ ☐ Current Employee ☐ Other Are you authorized to work in the United States? (You will be required upon employment to submit verification of your legal right to work in the United States.) Have you ever been discharged or have you resigned from a job because your employer indicated that it believed you were involved in an incident(s) relating to violence, threats of violence, possession of weapons, suspected theft, repeated harassment of employees, customers or vendors, lewd behavior, possession of alcohol or illegal drugs, or being under the influence of alcohol or illegal drug usage at its workplace? If so, please explain Use the space below to summarize any additional experiences or skills that help qualify you for the position for which you are applying. You may exclude any activities that reflect personal characteristics protected by law (e.g., religion, race, disability, etc.) **EDUCATION** GRADUATED YEARS **GRADE POINT** NAME OF SCHOOL AND CITY YES NO COMPLETED **MAJOR AVERAGE** HIGH SCHOOL COLLEGE GED OR OTHER

EMPLOYMENT

LIST YOUR LAST FOUR WORK EXPERIENCES BEGINNING WITH YOUR MOST RECENT

		EMPLOYM	NIT DATEC		
	NAME OF EMPLOYER	FROM (MM/YY)	TO (MM/YY)	DESCRIBE DUTIES PERFORMED	REASON FOR LEAVING
					☐ Discharge
ADDRESS					☐ Layoff
CITY & STATE		RATE OF PAY	RATE OF PAY		□ Resignation
CITESTATE					Explain:
PHONE NUMBER		POSITION	POSITION		
TYPE OF BUSINESS					
NAME OF SUPERVISOR					
		EMPLOYME	NT DATES		
	NAME OF EMPLOYER	FROM (MM/YY)	TO (MM/YY)	DESCRIBE DUTIES PERFORMED	REASON FOR LEAVING
					☐ Discharge
ADDRESS					□ Layoff
CITY & STATE		RATE OF PAY	RATE OF PAY		☐ Resignation
CITT & STATE					Explain:
PHONE NUMBER		POSITION	POSITION		
TYPE OF BUSINESS					
NAME OF SUPERVISOR					
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	NAME OF EMPLOYER	FROM (MM/YY)	TO (MM/YY)	DESCRIBE DUTIES PERFORMED	REASON FOR LEAVING
					☐ Discharge
ADDRESS					☐ Layoff
CITYOCTATE		RATE OF PAY	RATE OF PAY		☐ Resignation
CITY & STATE					Explain:
PHONE NUMBER		POSITION	POSITION		
TYPE OF BUSINESS					
NAME OF SUPERVISOR					
		FUDI OVUE	NT DATES		
	NAME OF EMPLOYER	FROM (MM/YY)	TO (MM/YY)	DESCRIBE DUTIES PERFORMED	REASON FOR LEAVING
				DESCRIBE DOTTES FERRI OTHER	☐ Discharge
ADDRESS					☐ Layoff
SITUS STATE		RATE OF PAY	RATE OF PAY		☐ Resignation
CITY & STATE					Explain:
PHONE NUMBER		POSITION	POSITION		
TYPE OF BUSINESS					
NAME OF SUPERVISOR					
T TPE OF BUSINESS					

The information contained in this application is true and complete to the best of my knowledge and belief. I understand that any false or inaccurate information or misrepresentation of fact or omission of information requested, as stated or implied, given in my application, interview(s), or any other employment form, may be sufficient reason not to hire me and may be reason for dismissal. I understand that I will be required to pass a pre-employment drug screen, and if hired, I will be subject to Employer drug and alcohol testing policy during my employment. I understand that I will be required to authorize Employer and/or its agents to obtain a criminal background report in order to be considered for hire.

I understand and agree that all information furnished in this application may be verified by Employer its authorized representative. I waive any right I may have to notice from any individuals and organizations named or referred to in this application prior to the release of any employment or education information to Employer. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give EMPLOYER all information relative to such verification and hereby release such individuals, organizations and Employer. from any and all liability for any claim or damage resulting therefrom.

I understand that, if hired, I will be required to provide documentation of both my identity and employment eligibility in the United States in accordance with the Immigration Reform and Control Act of 1986.

I understand that, if hired, my employment will be subject to various guidelines, rules and regulations of Employer as stated in the employee handbook, any policy and procedure manual or other communications to employees. I further understand that Employer policies and procedures are subject to modification without notice.

I understand that Employer, is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement, is intended to create any contract of employment or to create any rights in the nature of a contract of employment either express or implied. This application does not bind either party for a specific period of time regarding employment. I understand that no one other than the President of Employer has any authority to enter into any agreement contrary to the foregoing. If hired, nothing in this application shall restrict my right as an employee or the right of Employer. as an employer to terminate my employment at any time, with or without notice and with or without cause.

I hereby acknowledge that I have read and understand the above statement.

Signature of Applicant	Date	