

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Position(s) applied for: _____ Date: ____ / ____ / ____

How did you find out about this job? Newspaper Employee Walk-in Relative Other

Why are you seeking a new job at this time? _____

Application Information: First Name: _____ MI: ____ Last: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

If hired, do you have a reliable means of transportation to get to work? _____

Are you at least 18 years old? _____ If under 18 years of age, can you furnish a work permit? _____

Are you legally eligible for employment in the U.S.? Yes No (Documents required to complete I-9)

Have you ever been convicted of a crime that has not been expunged or sealed by a court? Yes No

If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

List any special skill or training:

Employment Information:

Are you seeking full time, part time, or temporary employment? _____

What hours and shift(s) would you prefer to work? _____

List times you are not available to work? _____

Are you willing to work overtime? Yes No Weekends? Yes No Holidays? Yes No

Are you currently employed? Yes No If hired, when would you be able to start? _____

Have you ever worked for us before? Yes No If yes, when & under what name: _____

List any friends or relatives employed by us: _____

Have you ever been discharged or asked to resign from any position? Yes No If yes, please describe:

Education(circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8 School Name: _____ Location: _____

Secondary: 9 10 11 12 G.E.D. School Name: _____ Location: _____

College: 1 2 3 4 Graduate School Name: _____ Location: _____

Work History (please begin with most recent):

Company Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Supervisor Name & Title _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title: _____ Specific reason for leaving: _____

Describe duties briefly: _____

Company Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Supervisor Name & Title _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title: _____ Specific reason for leaving: _____

Describe duties briefly: _____

Company Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Supervisor Name & Title _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title: _____ Specific reason for leaving: _____

Describe duties briefly: _____

For references purposes: Have you worked for any of these organizations or attended school under a different name? Yes No If yes, give name and organization(s): _____

May we contact the employers listed above? Yes No If no, list the employers you do not wish us to contact and why: _____

Authorizations & At-Will Employment Agreement

(Please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify you if information on this application changes while my job application is pending or during my employment, if hired.

I authorize you to make an investigation of all information contained in this employment application and I release anyone supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to you and hereby release my current and former employers from liability for providing information to you. Upon termination of my employment for whatever reason, I authorize you to provide and release you from all liability for supplying any information concerning my employment to any potential employer. I hereby agree to submit to any drug test required of me, whether prior to my employment or during employment if I am employed by you. I hereby authorize the limited release and exchanges of such medical information relating to my condition between the treatment provider and your designated physician.

AT-WILL EMPLOYMENT AGREEMENT I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between you and me. In addition, I understand and agree that if you employ me, my employment will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I have read, understand, and agree to the above.

Applicant Name (Printed)

Applicant Signature

Date