

EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

		Date:				
Full Name:	DOB:	Phone:				
Address:	City:	State: Zip:				
SSN:	Email:					
Are you a citizen of the United S	states of America? [] Yes [] No					
Have you applied here before?	[] Yes [] No When?					
Position seeking:		Wage seeking: \$				
		ne [] Part time [] Temporary/Back-up [] Other				
or national origin.						
	City:					
Job Title:	Reason for leaving:					
Dates of Employment: From	to					
Salary or Hourly rate \$						
Employer 2:		Phone:				
Address:	City:	State: Zip:				
Supervisors' Name:		OK to contact? [] Yes	[] No			
Job Title:	Reason for leaving:					
Dates of Employment: From	to					
Salary or Hourly rate \$						

EDUCATION			
Schools/Colleges Attended:	# Years	Year Grad.	Degree
	-		
Describe any special qualifications for this job:			
			_
Are you CPR Certified (current)? [] Yes [] No			
Are you First Aid Certified (current)? [] Yes	[] No		
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Have you had a TB Test in the past 2 years?	Yes [] No		
Have you ever been charged with a misdemeand	or or felony? [] Yes [] No	
If yes, what and when?			
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Are you a veteran of the U.S. Military service? [] Yes [] No		
I CERTIFY that answers given herein are true an	d complete to t	ne hest of my know	ledge I guthorize
investigations of all statements contained in this			
arriving at an employment decision. I understan	d that this appli	cation is not intend	led to be a
contract of employment. In the event of employment			sleading
information given on my application or interview	v may result in t	ermination.	
Signature:		Date:	
Parent / Guardian Signature:		Date:	
If under 18 years, Parent/Guardian signature red			
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