

Employment Application

| Full Name: Address: POB: Phone Number: Have you been convidence to the convidenc | | | | Soci | al Security | NO: | | | |
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| POB: Phone Number: | | | | • | | | | | |
| Phone Number: | | | | Address: | | | | | |
| | | DOB: | | | Referred | Ву: | | | |
| Have you been convid | Phone Number: | | | Email: | | | | | |
| | Have you been convicted of a felony in the last 7 years? If yes, please explain: | | | | | | | | |
| Position: | | | | | | | | | |
| Date you can start: | | Salary Desired: | | | Classification | | | | |
| Are you Employed Now? | | Are you legally authorized to work in the US? | | | | | | | |
| | | | | | | | | | |
| | Education | | # of | Years | | Year of Graduation | | | |
| High School | | | | | | | | | |
| College | | | | | | | | | |
| Trade or Business | | | | | | | | | |
| Other: | | | | | | | | | |
| | | | | | | | | | |
| | Name | | Phone N | umber | Yea | rs Known | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| College Trade or Business | Name | | # of | wmber | Yea | Year of Graduation | | | |



| Address of Employer | Position | Salary | Reason for Leaving |
|---------------------|---------------------|------------------------------|-------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Address of Employer | Address of Employer Tosition | Address of Employer Tosition Salary |

AUTHORIZATION

I certify that the facts contained in this application are tur and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This wavier does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Ave and other relevant federal and state laws.

| Date | S | Signature | |
|------|---|-----------|--|
| | | | |



Emergency Contact Form

| Employee Name: | |
|-------------------|-------------------------|
| Address: | |
| Cellular: | |
| | In Case of An Emergency |
| Primary Contact: | |
| Relationship: | |
| Phone number: | |
| Secondary Contact | |
| Relationship: | |
| Phone number: | |