

APPLICATION FOR EMPLOYMENT

Please **TYPE** or **PRINT** clearly. *This application must be completed and signed personally by the applicant.* Each question must be answered in full. If answer is NO or NONE, indicate same. We appreciate your interest in our organization. This organization is an Equal Opportunity Employer. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, physical or mental disability, marital status, veteran status, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the Owners.

PERSONAL:

NAME: Last First Middle Initial

PERMANENT ADDRESS: _____

_____ ()
 City State Zip Telephone Number

1. Are you eighteen (18) years of age or older? yes no
2. Are you employed now? yes no
 If so, may we inquire of your present employer? yes no
3. Position applied for: _____
4. Other position(s) qualified for: _____
5. Are you legally eligible for employment in the United States? yes no
6. Check shift(s) you can work: Full Time Part Time Day Evening Night
7. Special Licenses or Certifications: _____
 Expiration Date _____
8. Have you ever been convicted of a felony or misdemeanor that has not been sealed or expunged? yes no
 If yes, please list the specific nature and details of the crime(s), date(s), court location, sentencing information, and disposition of sentence on the attached sheet of paper. (Please note: a conviction record will not necessarily be a bar to employment)
9. Have you ever been employed by this company? yes no
10. **Americans with Disabilities Act Clarification:** If a job description has been provided, will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation? yes no

EDUCATION:

Circle Highest Grade Completed:	Grade School								High School				College				Graduate							
	1 2		3 4		5 6		7 8		9 10		11 12		1 2		3 4		1 2		3 4					
School	Address																Major Studies				Degree, Diploma License or Certificate			
High School																								
College/University																								
Vocational, Business, Other																								

EMPLOYMENT HISTORY (List most recent first)

Name of Company _____ Address _____ Phone _____

Dates of Employment: From _____ To _____

Type of Business: _____

Your Position/Title _____ Supervisor _____

Reason for Leaving _____

Briefly Describe Your Duties and Responsibilities: _____

Name of Company _____ Address _____ Phone _____

Dates of Employment: From _____ To _____

Type of Business: _____

Your Position/Title _____ Supervisor _____

Reason for Leaving _____

Briefly Describe Your Duties and Responsibilities: _____

Name of Company _____ Address _____ Phone _____

Dates of Employment: From _____ To _____

Type of Business: _____

Your Position/Title _____ Supervisor _____

Reason for Leaving _____

Briefly Describe Your Duties and Responsibilities: _____

BUSINESS REFERENCES: (Other than relatives or former supervisors) (List Three)

Name	Complete Address	Phone	Occupation	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form. I also authorize investigation of my employment record and references and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice.

Date _____ Signature of Applicant _____

CONVICTION FORM

All applicants, as part of the application process, are required to report all convictions. "Conviction" includes a plea of no contest and any conviction that has been set aside or deferred. Convictions must be reported even if they have been expunged. Failure to report prior convictions is considered falsification of an application and is grounds for denial of an application.

When reporting convictions, applicants are required to provide a complete explanation of the underlying circumstances. Additionally, applicants may attach supporting documentation.

The Practice evaluates each application with any reported convictions on a case-by-case basis to make a determination concerning the applicant's ability to work with safety to the public. Included in the evaluation is the nature and severity of the offense, additional subsequent acts, recency of the crime, compliance with sanctions, and evidence of rehabilitation. The Practice considers factors such as the nature and severity of the crimes, the amount of time that has passed since the convictions, and any evidence of rehabilitation submitted by the applicant.

I, the undersigned applicant, attest that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

FULL LEGAL NAME

DATE OF BIRTH

ANY FORMER NAMES BY WHICH YOU HAVE BEEN IDENTIFIED

Please specify in the space below (and provide supporting documentation as appropriate) the details of offense(s) for which you have been convicted, including the date and location of the offense, whether you were incarcerated, and whether you have completed any probation or parole requirements including evidence of rehabilitation (as appropriate):

Signature of applicant

date