EMPLOYMENT APPLICATION

APPLICATION INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Pl	ease read "AF	PLICANT NOTE."		TODAY'S DATE:							
2. Co	mplete both	sides of this form.	NAME:								
	more space is	s needed to complete any quest	SOCIAL SECURITY N								
4. Pr	int clearly : In	complete or illegible application	HOME PHONE:								
Q ad in	ome packets r UESTIONNAIF ction under Se formation rec	may have an attached AFFIRMA RE. This information is being garection 503 of the Rehabilitation quested is voluntary and will be ot be subject to any adverse tre	thered for affirmative Act of 1973. The kept confidential. An	PHONE:CURRENT ADDRESS:PRIOR ADDRESS:							
•	complete th	•	atment for relasing								
	O NOT FILL O ISTRUCTED.	JT ANY OTHER ATTACHED FORI	VIS UNTIL								
for tern without necessa employ policy a designa	ninating the a t discrimination arily bar an ap arment. After a and the needs ated by the co	pplication process or, if discove on because of sex, marital statu plicant from employment. Add an offer of employment, and pr of the job, you will be required mpany.	ered after employment, s, race, age, creed, natic litional testing of job rel rior to reporting to work d to complete a medical	terminating employm onal origin, or the pre lated skills and for the k, you may be required history form and man	nent. All qua sence of disa presence of d to submit t	llified applabilities. Af drugs in y	licants will red of felony convi your body ma al review. De	ceive conside ction will n by be require pending of	deration ot red prior to n compan		
	<u>ABILITY</u>	For which position are you a									
What d	ate can you s	tart?	What catego	ry would you prefer?	☐ Full Ti	me 🗆	Part Time	☐ Temp	orary		
For whi	ich days are y	ou available?	ys Weekends	☐ Evenings	☐ Nights		Overtime	☐ Other	ſ		
EDUC	ATION PI	ease circle the highest grade co	mpleted. 7 8	9 10 11	1 12	13	14 15	16	16+		
	١	IAME	CITY/STA	ATE	GRAD	UATE?		DEGREE			
HIGH SCHO	OL										
COLLEGE							1				
OTHER											
SECUF	RITY List s	tates and counties of residence	for the past seven year	rs							
□ Yes	s □ No	Have you used any names or	Social Security Number	rs other than those or	this page?	If so, pleas	se list on bacl	ζ.			
□ Yes	S □ No	Have you been convicted of, information will be review		•		ccordance	with compar	not an employment contract. and/or on this form are grounds ants will receive consideration elony conviction will not ur body may be required prior to review. Depending on companined by a medical professional art Time			
	ELATED SK	LLS NOTE: Do not fill out an		_	ob related.						
☐ Yes		If the job requires, do you ha									
		DL#		Гуре		Stat	e of issue				
□ Yes	s □ No	Have you had any moving vio	olations? Please Describ	oe							
Please l compar	-	skills, licenses or certificates tha	at may be job-related or	r that you feel would I	be of value t	o this job (or				
□ Yes	s □ No	Have you been given a job de	escription or had the rec	quirement of the job e	explained to	you?					
□ Yes	s □ No	Do you understand these rec	Juirements?								
□ Yes	es 🗆 No Can you perform the requirements of this job with or without reasonable accommodation?										

EMPLOYMENT REFERENCES

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if you need.

MOST RECENT EMPLOYER	☐ Yes	□ No	Are you currently working for this employer?
	☐ Yes	□ No	If yes, may we contact them?
			()
COMPANY NAME		CITY	STATE PHONE NUMBER
FROM TO DATES EMPLOYED		JOB TITLE	SUPERVISOR NAME
DUTIES			
PER SALARY (HOUR, WEEK, MONTH)	REASON FOR LEAVING		
SECOND MOST RECENT EMPLOYER	☐ Yes	□ No	Are you currently working for this employer?
	☐ Yes	□ No	If yes, may we contact them?
COMPANY NAME	CITY		STATE PHONE NUMBER
FROM TO DATES EMPLOYED		JOB TITLE	SUPERVISOR NAME
		JOB TITLE	SUPERVISOR NAIME
DUTIES PER			
SALARY (HOUR, WEEK, MONTH)	REASON FOR LEAVING		
THIRD MOST RECENT EMPLOYER	☐ Yes	□ No	Are you currently working for this employer?
	☐ Yes	□ No	If yes, may we contact them?
			()
COMPANY NAME	CITY		STATE PHONE NUMBER
FROM TO DATES EMPLOYED		JOB TITLE	SUPERVISOR NAME
DUTIES			
PER SALARY (HOUR, WEEK, MONTH)	REASON FOR LEAVING		
,,			
REFERENCES Include only individu	als familiar with your we	ork ability.	Do not include relatives.
NAME	ADDRESS /DUONE		VEARS KNOWN / PELATIONS LIID
NAME 1.	ADDRESS/PHONE		YEARS KNOWN/RELATIONSHIP
2.			
2.			
CONANACNITO			
<u>COMMENTS</u>			
-			ne applicant note on page one of this form and that the answers given by me to
			I true to the best of my knowledge and belief. I understand that any false lication may result in rejection of my application or discharge at any time durin
•			sumer reporting bureaus to verify any of this information, including, but not
-	_		Il persons, schools, companies and law enforcement authorities to release any
= -	•		ns, schools, companies and law enforcement authorities from any liability for the use of illegal drugs is prohibited during employment. If company policy
requires, I am willing to submit to drug	testing to detect the use	of illegal d	rugs prior to and during employment.
SIGNATURE			DATE