

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

WE AF	RE AN EQUAL OPPORT	UNITY EMPLOY	ER	
Position(s) Applied For			Date of	of Application
How did you learn about us?			·	
☐ Advertisement	☐ Friend	\Box w	alk-In	
☐ Employment Agency	☐ Relative	\Box Ot	ther	
Last Name	First Name		Middle Nar	ne
Address Number	Street	City	State	Zip code
Telephone Number	Cell Phone	Email .	Address	
If you are under 18 years of age		a of of ways aliaibility	to vyouls?	
Yes No	e, can you provide required pro	oor or your engionity	to work?	
Have you ever filed an applicat	ion with us before?	Have you ever h	oeen employed wi	th us before?
		•		
If yes	s, give date		No If yes, give da	ate
Are you currently employed? Yes No	May we contact y ☐ Yes	our present employer?	<i>!</i>	
	L I es	I_ INO		
Are you available to work:	_			
Part Time	Shift Work Temporary			
On what date would you be ava	ilable for work?			
·				
Are you prevented from lawful of citizenship or immigration st			/isa or Immigratio	on status? <i>Proof</i>
☐ Yes ☐ No				
Are you currently on "lay-off"	status and subject to recall?	Can you trav	el if a job require	s it?
		\square \mathbf{V}_{22}	\square No	

Education			
	High School	Undergraduate	Graduate/Professional
School Name and Location		College/University	
School Ivame and Location			
Diploma/Degree	9 10 11 12	1 2 3 4	1 2 3 4
Describe course of study (for highest level of education)			
Describe any specialized training, apprenticeship, skills and extra-curricular activities			
Describe any honors you have received			
State any additional information you feel may be helpful to us in considering your application			
eferences- Give name, ac	ddragg and talanhana	number of three referen	1000
	daress and telephone i	idinoci oi tinee referen	<u>ices</u>
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2 3			
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	job-related training in th	ne United States N	Military?	
☐ Yes ☐ No If Yes, Please describe				
11 1 cs, 1 lease describe				
Are you physically or o ☐ Yes ☐ No	therwise unable to perfo	orm the duties of	the job for wh	nich you are applying?
Employment	Experience			
				ignments and volunteer activities. You al origin, handicap, or other protected
Employer		Dates E	mployed	Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates F	mployed	Work Performed
Employer		From From	<u>To</u>	work I criomicu
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates E	mployed To	Work Performed
Address			_	
Telephone Number(s)				
rerephone (vulnoci(s)				
Job Title	Supervisor			

Reason for Leaving

Special Skills and Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.
Applicant's Statement
I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
This application for employment shall be considered active for a period of time not to exceed 45 days.
Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the company.
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.
Signature of Applicant Date

Interviewer	Date
Intel viewer	Date
Hourly Rate/Salary	
Department	
Date	
	Interviewer Hourly Rate/Salary Department