

Employee Application

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification. Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a resume, but all questions must be answered.

Employer:			Position applying for:		
PERSONAL DA	TA				
Name (Last, Firs	st, Middle)				
Street Address and/or Mailing Address		City	City		Zip
Home phone:		Business phone:		Cellphone:	
Date you can start work:		Salary Desired:		Do you have a High School Diploma?	
				Yes	or No
POSITION INFO	DRMATION Check all that you	u are willing to work			
Hours	Fulltime	Days	Weekends	Swing	
	Part-time	Evenings		Graveyard	
Status	Regular		Temporary		
Are you authorized	d to work in the U.S. on an unre	estricted basis?			
Have you ever be applicant for emp	en convicted of a felony? (Conloyment?	victions will not neces	sarily disqualify an	Yes	No
If yes, explain:					
	en told the essential functions on listing the essential functions		the job or have you been viewed a copy of f the job?		No
Can you perform accommodations	these essential functions of the ?	ob with or without reasonable		Yes	No
	NS Please list any education or ools, colleges degrees, vocatio				lp you perform the
,	School Name			Address/City/ State	
School					
School					
Other					
	S List any special skills or exposizations/teams etc.)	erience that you feel w	ould help you in the po	sition that you are a	pplying for
	Please list three professional re I don't have three professional I		· ·		er, and
Name		Address/City/State		Phone	Relationship

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WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

Job Title #1		Start Date (mo/day/yr)		End Date (mo/day/yr)						
Company Name		Supervisor's Name		Phone Number						
City		State		Zip						
Duties										
Reason for Leaving		Starting Salary		Ending Salary						
Can we contact your	present employer?		Yes	No	N/A					
Job Title #2		Start Date (mo/day/yr)		End Date (mo/day/yr)						
Company Name		Supervisor's Name		Phone Number						
City		State		Zip						
Duties										
Reason for Leaving		Starting Salary		Ending Salary						
Job Title #2		Start Date (mo/day/yr)		End Date (mo/day/yr)						
Company Name		Supervisor's Name		Phone Number						
City		State		Zip						
Duties										
Reason for Leaving		Starting Salary		Ending Salary						
Job Title #2		Start Date (mo/day/yr)		End Date (mo/day/yr)						
Company Name		Supervisor's Name		Phone Number						
City		State		Zip						
Duties										
Reason for Leaving		Starting Salary		Ending Salary						

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand the bag if I am employed, false statements, omissions or misrepresentation may result in dismissal. I authorize the Employer to make an investigation of any of these facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employer (regular, temporary, or other type of category employee) may resign at anytime, just as the employer may terminate the employment relationship ship with any employer at anytime, with or without cause, with or without notice to the other party.

Applicant Signature	Date