Please Print Clearly

APPLICATION FOR EMPLOYMENT

Please answer all questions. Resumes are not a substitute for a completed application.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, color, religion, sex including sexual orientation, gender identity or status as a transgender, national origin, age, disability, military service, genetic information nondiscrimination act (GINA), pregnancy related conditions or any other factor protected by law.

Position Applied For					
Name			E-mail		
Telephone			Alternate/Cell Number		
Present Address Street, A	Apt./Unit No.	., City, State	, Zip	How long have — you lived there? –	Years, Months
Previous Address Street, A	Apt./Unit No.	., City, State	e, Zip	How long did you live there?	Years, Months
Type of employment desired Full T	Time 🗌 Par	rt Time 🗌	Desired Salary/Hourly Rate		
Are you willing to work overtime?	Yes 🗌	No 🗌	Date on which you can start w	vork if hired	
Are you authorized to work in the United States?	Yes 🗌	No 🗌	How were you referred to the	Company?	
Have you ever been employed by this Company	? Yes 🗌	No 🗌	If Yes, when		

List special skills that you feel qualify you for the job for which you are applying.

Education	School Name and Location	Course of Study	Did you graduate?	# of Years Completed	Degree/Major
High School			Yes 🗌 No		
College			Yes 🗌 No		
Bus./Tech./ Trade or Post College			Yes 🗌 No		

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internship, or military service. Your failure to completely respond to each inquiry may disqualify you from consideration of employment.

Employer Name	Type of Business				
Address					
Telephone	Dates Employed From	То			
Job Title	Supervisor's Name				
Duties					
May we contact? Yes 🗌 No 🗌 If	No, why not?				
Reason for Leaving					
Employer Name	Type of Busines	s			
Address					
Telephone	Dates Employed From	То			
Job Title	Supervisor's Name				
Duties					
May we contact? Yes No If	No, why not?				
Reason for Leaving					
Employer Name	Type of Busines	s			
Address					
Telephone	Dates Employed From	То			
Job Title	Supervisor's Name				
Duties					
May we contact? Yes No If	No, why not?				
Reason for Leaving					

REFERENCES

Please list the names of additional references we may contact. Individuals with no prior work experience may list school or volunteerrelated references.

Name	Company/Position Title	Relationship (i.e.,Supervisor, Peer)	Telephone

APPLICANT CERTIFICATION

I certify that all the information on this application, my resume, or any supporting documents I have presented are complete and accurate. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration of employment or, if employed, disciplinary action, up to and including termination of employment.

This Company is an At-Will employer. This means that regardless of any provisions in this application, if hired, the Company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice. Nothing in this application or in any document or statement, written or oral, shall limit the right to terminate Employment-At-Will. No officer, employee or representative of the company is authorized to enter into an agreement - express or implied – with me or any applicant for employment for a specified period of time unless such an agreement is in a written contract signed by the president of the Company.

If hired, I agree to abide by the policies and procedures of the Company, and I understand that the Company has complete discretion to modify such policies and procedures at any time.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume and any supporting documents I have presented to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

I understand that the Company is a drug free workplace. I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigation of property (including, but not limited to, files, desks and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company.

This application will be considered active for a maximum of sixty (60) days.

I certify that all of the information that I have provided on this application is true, accurate, and complete.

Applicant Signature