



APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in our workplace and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications. We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

Please fill out this form completely and legibly. This form will be kept on file for 90 days.

PERSONAL

Full Name Last First Middle Date Day Month Year

Current Address Number Street City State Zip

Telephone No Area Code Number Email Address

Are you 18 years or older? Yes O No O

Are you a U.S. Citizen? Yes O No O Are you authorized to work in the United States? Yes O No O

Have you been previously employed here? Yes O No O If yes, Dates(s)

Supervisor Name(s)

Have you ever applied to this company before? Yes O No O If yes, when?

To be considered "qualified" under the Americans with Disabilities Act (and state disability laws), an applicant must be able to perform the essential functions of the job with or without a reasonable accommodation. "Reasonable accommodation" is a modification or adjustment to a job, the work environment or the way things usually are done that enables a qualified individual with a disability to enjoy an equal employment opportunity. Please review the job description you are given and answer the following questions.

Can you perform the essential functions of the position for which you have applied, with or without an accommodation by the company? Yes O No O

List any friends and/or relatives working here

Have you ever been convicted of a felony? Yes O No O If yes, Explain:

State any limitations on your working hours:

EMPLOYMENT DESIRED

Position(s) applied for

Kind of work sought: Year Round - Full Time O Year Round - Part-Time O Other O

Seasonal - Full Time O Seasonal - Part-Time O Other O

Desired Salary Date available to Work

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Blank lines for providing special training, skills, qualifications or other experiences.

REFERENCES

Please list three professional references. Please list only persons who are familiar with your work related abilities and that we are able to contact for your reference.

Full Name: _____ Relationship: _____

Company: _____ Telephone Number: _____
Area Code Number

Address: _____
Number Street State Zip



Full Name: _____

Company: _____ Telephone Number: _____
Area Code Number

Address: _____
Number Street City State Zip

Full Name: _____ Relationship: _____

Company: _____ Telephone Number: _____
Area Code Number

Address: _____
Number Street City State Zip

PREVIOUS EMPLOYMENT

Please do not use SEE Resume, fill out the information completely

Company: _____ Telephone Number: _____
Area Code Number

Supervisor: _____ Location: _____
City State

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: Mo Day Year _____ To: Mo Day Year _____ May we contact your previous supervisor for a reference? Yes No

Reason for Leaving: _____

Company: _____ Telephone Number: _____
Area Code Number

Supervisor: _____ Location: _____
City State

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: Mo Day Year _____ To: Mo Day Year _____ May we contact your previous supervisor for a reference? Yes No

Reason for Leaving: _____

Company: _____ Telephone Number: _____
Area Code Number

Supervisor: _____ Location: _____
City State

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: Mo Day Year _____ To: Mo Day Year _____ May we contact your previous supervisor for a reference? Yes No

Reason for Leaving: _____

EDUCATION

High School: _____ Location: _____
City State

From: _____ To: _____ Did you Graduate? Yes No

College: _____ Location: _____
City State

From: _____ To: _____ Did you Graduate? Yes No Degree: _____

Other: _____ Location: _____
City State


From: _____ To: _____ Did you Graduate? Yes No Degree: _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type _____

If other than honorable, explain: _____



DISCLAIMER & SIGNATURE

I certify that the information contained in this application is correct to the best of my knowledge. I understand that any misstatement or omission of information is grounds for dismissal. I authorize investigation of all statements contained in this application, including my response to the inquiry concerning any felony conviction record and understand my employment is contingent upon satisfactory completion of such investigation. I further authorize the employers listed herein to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing that information to you. I understand that my employment and compensation will be "at will" and can be terminated by the employer or associate with or without cause. Further I understand that the application form does not bind the employer or associate to any specific terms, conditions or period of employment and that any oral statements or promises to the contrary are not binding upon employer.

Signature: _____ Date: _____

Qualified persons are considered for employment without regard to race, color, religion, creed, gender, national origin, marital status, veteran status, sexual orientation, or the presence of handicaps or disabilities.