

APPLICATION FOR EMPLOYMENT**AN EQUAL OPPORTUNITY EMPLOYER**

PLEASE PRINT OR TYPE/COMPLETE BOTH SIDES OF FORM

TODAY'S DATE IS:

PERSONAL INFORMATION

Name Last First Full middle name			Social Security Number		
Current Address City State Zip Code			Phone Number to Reach You		
Prior address City State Zip Code			Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For which position are you applying?			Date available for employment		
Any restrictions on hours, weekends, overtime? <u>Explain</u>		<input type="checkbox"/> No, I will not relocate		<input type="checkbox"/> Yes, I will relocate to these areas:	
Have you ever been employed by this organization or its subsidiaries before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Give locations and dates employed			
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Convictions will not automatically disqualify job applicants. The seriousness of the crime and date of conviction will be considered.	

EDUCATION

LEVEL OF SCHOOLING	SCHOOL NAME AND ADDRESS	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	COURSE OF STUDY			
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Business, Trade or Vo-Tech School			<input type="checkbox"/> Yes <input type="checkbox"/> No				
College			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No				
If in school, indicate class schedule including times	Mon	Tue	Wed	Thu	Fri	Sat	Sun

MILITARY

Branch of Service:	Highest Rank Attained:
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DRIVING

If your position with this organization requires you to drive on company business you will be required to provide the following:

Driver's License Number	State Where Issued
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PERFORMANCE OF JOB FUNCTIONS

I can perform all of the functions of the job for which I am applying, without accommodation with accommodation

If you can perform all functions of the job with accommodation, explain how you would perform the tasks and with what accommodation.

No, I cannot perform all of functions of the job for which I am applying.

This organization is an equal employment employer that does not discriminate on the basis of race, religion, color, gender, age, national origin, disability, marital status or veteran status and is willing to provide reasonable accommodation (Complete other side)

APPLICATION FOR EMPLOYMENT**AN EQUAL OPPORTUNITY EMPLOYER****EMPLOYMENT HISTORY**

Last Organization Name for which You Worked		Title
Address	Supervisor	Phone Number
Pay per week or hour \$	Date Started Working	Date Ended Working
Acquired Skills	Reason for Leaving	
2nd to Last Organization Name for which You Worked		Title
Address	Supervisor	Phone Number
Pay per week or hour \$	Date Started Working	Date Ended Working
Acquired Skills	Reason for Leaving	
3rd to Last Organization Name for which You Worked		Title
Address	Supervisor	Phone Number
Pay per week or hour \$	Date Started Working	Date Ended Working
Acquired Skills	Reason for Leaving	
4th to Last Organization Name for which You Worked		Title
Address	Supervisor	Phone Number
Pay per week or hour \$	Date Started Working	Date Ended Working
Acquired Skills	Reason for Leaving	

ACKNOWLEDGEMENT

I certify that all the information supplied in this application and any other information oral or written is true and accurate. I understand that any misstated, misleading, incomplete or false information may be grounds for this application being rejected, refusal to hire, withdrawal of an employment offer or grounds for immediate discharge without recourse whenever and however discovered.

I authorize this employing organization, its agent or assigns, to contact my previous employers to request references. I agree to hold this employing organization and any previous employer harmless for disclosure and authorize them to release any and all information pertaining to me and my employment.

I understand that this organization may maintain a drug-free workplace and if so that I will be given a copy of its policy to review at the time this application is made. If I am applying to work at a location which has a policy, I may be required to submit to a drug/alcohol test, undergo a post-job offer medical examination, or pencil and paper test designed to determine suitability for the position for which I am being considered. Additionally, from time to time, I may be required to take subsequent tests during the course of my employment and consent to such post-job offer and post-hire testing. I understand that, subject to applicable law, my employing organization shall be the sole judge of acceptability of any test results.

I acknowledge that my employment is at will; that I may be discharged for any reason without notice; that I may be subject to a 90-day evaluation period; that successful completion of my evaluation period does not change the at-will employment relationship; that I will be required to comply with the policies and protocols set forth in employee handbooks; that work schedules may vary, can be unpredictable and that I may be required to work a different shift, to work weekends or work overtime; that my employer reserves the right to amend, change, and/or modify the policies and procedures set forth in its handbooks; that my employer may conduct background checks to include criminal, educational, driver's license, employment history, professional licenses, credit and references. I certify I will contact my employer if I feel I have been unlawfully discriminated against by an employee, supervisor or manager in connection with my employment. I agree I will give my employer an opportunity to resolve the situation before I file a claim with a governing agency or file a lawsuit.

Applicant Signature	Applicant Printed Name	Date signed
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