## **EMPLOYMENT APPLICATION**

It is the policy of this company to provide equal employment opportunities to all applicants and employees without regard to race, color, citizenship status, religion, sex, sexual orientation, marital status, age, national origin, status as an individual with a disability, or any other legally protected status as a disabled and/or Vietnam Era Veteran and to affirmatively seek to advance the principles of equal employment opportunity.

			PLEAS	SE PRINT							
POSITION(S) APPLIED FOR						LOCATION					
NAME						SOCIAL SECURITY NUMBER					
LAS	ST	FIRST	MIDDLE		SOCIAL SI	CURITY	NUMBER	-			
ADDRESS	STREET		(1000 to 1000								
	SIREEI			CITY		STATE			ZIP		
TELEPHONE (		A	LTERNATE TELE	EPHONE (_	)			Celi	□ Page	er	
GENERAL INFOR	RMATION										
Are you at least 18 If not, are you at le		ige?	****						∃ Yes	□ No	
If under age 18, can you supply working papers?									□ Yes	□ No	
Are you legally elig	gible for employm	nent in this count	ry?						□ Yes □ Yes	□ No	
If offered employment, you will be required to provide documentation to verify eligibility								L	1 tes	□ No	
Have you ever been employed by this company or any of its divisions?  If yes, Where?  When?  Supervisor's Name?  Why did you leave? Please be specific.									∃ Yes	□No	
Have you ever been convicted of a crime? (A conviction will not automatically disqualify you for employment. Factors such as job relations, seriousness and nature of violation and rehabilitation will be taken into account.)  If yes, please explain.								C	□ Yes	□ No	
Have you ever been discharged from any employment or asked to resign? If yes, please explain.								Ē	Yes	□No	
Are you currently employed?									24		
Best time to conta									] Yes	□ No	
		d by this company	or one of its divi	-:0						AM / PM	
Do you have any relatives employed by this company or any of its divisions?  If yes, Name of relative?  Location?								] Yes	□ No		
PLEASE CHECK S	SCHEDULE AVA	II ARII ITV									
								7/1000000			
Type of employme	distance of the	uli lime Li Pan	Time Lilemp	orary 🗆 Sea	asonal D	ate Avail	able for wo	ork			
NOTE: Work scheen	dules are based of	on the needs of the									
Available:	Monday	Tuesday	Wednesday	Thursday	/ Fri	day	Saturday		Sı	unday	
FROM	□a.m.	□a.m.	□a.m.	□a.r	n.	□a.m.	□a.	m.		□a.m.	
	□p.m.	□p.m.	□p.m.	□р.г	n.	□p.m.	□р.	m.		□p.m.	
то	□any	□any	□any	□an		□any	□ar	ıy		□any	
10	□a.m.	□a.m.	□a.m.	□a.n		□a.m.	□a.i	m.		□a.m.	
	□p.m. □any	□p.m.	□p.m.	□p.n	8	□p.m.	□р.і	m.	1	□p.m.	
	Lially	□any	□any	□an		□any	□an	ıy		□any	
How did you learn	shout the same										
☐ Newspaper A	d □Radio Ad	☐ Friend/Relativ	ve □ Walk In [	□ Job Fair I	□ Website	□ Emplo	yment Age	ncy (	□ Othe	T	
SKILLS											
Check if you can do	any of the follow	vina:		····							
<ul><li>□ Calculator</li><li>□ Spreadsheets</li><li>□ Other</li></ul>	Excel	_Lotus 1-2-3		☐ Typewr	rocessing _ riter w	om					
Summarize any trai position for which y	ining, skills, licent ou are applying.	ses and/or certific	cates that may qu	Jalify you as I	being able to	perform	the job rela	ted fu	nctions	in the	
										2276	

Revised 02/02

CC: 40070

PROFESSIONAL REFERENCES					-				
NAME		TELEPHONE			OCCUPATION				
							Known		
		( )		1 191					
		( )							
EDUCATIONAL BACKGROUND									
NAME AND LO	CATION		MAJOR		GRADU	ATED?	DEGREE		
HIGH SCHOOL COLLEGE					☐ Yes ☐ No				
OTHER				☐ Yes		1000 MONTH			
MILITARY CERVICE	BRANCU		D	All		A 750 05 050 105			
MILITARY SERVICE	BRANCH		KA	RANK			DATES OF SERVICE		
EMPLOYMENT HISTORY									
DATES OF EMPLOYMENT:						SALARY: START\$			
FROM TO	1	EMPLOYER							
POSITION	ADDRESS	ADDRESS							
IMMEDIATE SUPERVISOR AND TITLE	CITY, STATE, ZIP	CITY, STATE, ZIP							
	. TELEPHONE (	)	MAY WE C	ONTACT? ☐ Yes	□ No	<u> </u>			
DATES OF EMPLOYMENT:						SALARY:			
FROM TO	EMPLOYER						START\$		
POSITION	ADDRESS						END \$		
IMMEDIATE SUPERVISOR AND TITLE	CITY, STATE, ZIP	CITY, STATE, ZIP							
TELEPHONE () MAY WE CONTACT? □ Yes □									
DATES OF EMPLOYMENT: FROM TO	EMPLOYER					SALARY: START\$			
POSITION	ADDRESS								
IMMEDIATE SUPERVISOR AND TITLE	CITY, STATE, ZIP						REASON FOR LEAVING?		
TELEPHONE ( ) MAY WE CONTACT?   Yes   No									
	TEEETHONE (			ONTACT! LL 163					
ATTENDANCE AND PUNCTUALIT	Y INFORMATION								
Consistent attendance and punct									
would interfere with your regular attendance and punctuality if you are offered a job with the Company? ☐ Yes ☐ No If Yes, Please Explain									
APPLICANT'S STATEMENT				**************************************					
I authorize, without reservation, any party or agency contacted by this employer or its agents to furnish any of the above mentioned information or any other information requested. I understand that misrepresentation or omission of facts called for is a cause for dismissal. I understand that as a condition of employment, I may be required to take such medical examinations as may be required by this company or any of its divisions, including drug or alcohol screening. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. Further, I understand and agree that my employment is at will and for no definite									
period and may be terminated at any time with or without cause upon notice. I understand that any employment by this company will be on a 30 day introductory basis.									

Date

Signature of Applicant