

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This organization does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex (including pregnancy, gender identity, and sexual orientation), disability, age, veteran status, genetic information, and/or any other status protected by applicable law. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you will meet all minimum qualifications required for the position which you are applying.

(ANSWER ALL QUESTIONS COMPLETELY)

PERSONAL DATA

Name _____ Date _____
(Last) (First) (Middle)

Address _____ Contact Information:
(Street) (City) (State) (Zip) Home # _____ / _____

Are you 18 years of age, or over? Yes No Business # _____ / _____

Cell # _____ / _____
Email _____

Other names used in prior employment _____

Are you authorized to work in the United States? Yes No

(If you are hired, you will be required to provide original and acceptable documentation as proof of identity and of eligibility to work in the United States along with completion of Form I-9).

GENERAL INFORMATION

Applying for position as _____ Salary expectation _____
 Full-Time Part-Time Temporary

Date available _____ Would you object to shift work? Yes No

Have you previously applied for employment or been employed with our organization? Yes No

If so, dates of employment _____ Position held _____

How were you referred to our us? _____

Have you ever been involuntarily discharged from a position? Yes No If yes, give dates and circumstances:

Would you agree to a pre-employment and/or post-employment drug screening by a physician, clinic or other health care provider selected by us? Yes No

EMPLOYMENT

LIST ALL POSITIONS YOU HAVE HELD, BEGINNING WITH YOUR MOST RECENT. INCLUDE SELF-EMPLOYMENT AND VOLUNTEER WORK. ATTACH AN ADDITIONAL SHEET, IF NECESSARY.

Current, or last, employer _____ Employed from _____ to _____

Street address _____

City _____ State _____ Zip _____ Telephone ____ / ____

Name and title of immediate supervisor _____

Your title _____

Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from _____ to _____

Street address _____

City _____ State _____ Zip _____ Telephone ____ / ____

Name and title of immediate supervisor _____

Your title _____

Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from _____ to _____

Street address _____

City _____ State _____ Zip _____ Telephone ____ / ____

Name and title of immediate supervisor _____

Your title _____

Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from _____ to _____

Street address _____

City _____ State _____ Zip _____ Telephone ____ / ____

Name and title of immediate supervisor _____

Your title _____

Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

EMPLOYMENT (Continued)

Please explain any gaps in your employment history. Attach an additional sheet if necessary:

EDUCATION	PROVIDING NAME, CITY AND STATE FOR EACH SCHOOL LISTED	DATES	TYPE OF COURSE OR MAJOR	GRADUATE?	DEGREE RECEIVED
High School				Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
College		From _____		Yes <input type="checkbox"/>	
		To _____		No <input type="checkbox"/>	
College		From _____		Yes <input type="checkbox"/>	
		To _____		No <input type="checkbox"/>	
Other Education		From _____		Yes <input type="checkbox"/>	
		To _____		No <input type="checkbox"/>	
Other Education		From _____		Yes <input type="checkbox"/>	
		To _____		No <input type="checkbox"/>	

Are you presently in school? Yes No If yes, give expected completion date: _____

List courses you are taking _____

SPECIAL SKILLS

List applicable professional or technical licenses/certifications relative to your ability to perform the functions of the position for which you are applying:

List awards, honorary positions or volunteer work relative to your ability to perform the functions of the position for which you are applying:

List equipment, machinery, software applications or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience:

PERSONAL REFERENCES (Not Relatives or Employers)

NAME	ADDRESS AND PHONE NUMBER	FIRM NAME AND ADDRESS	KNOW IN WHAT CAPACITY	HOW LONG KNOWN

LIST BELOW THE NAMES OF RELATIVES EMPLOYED BY THIS ORGANIZATION AND THEIR RELATIONSHIP TO YOU

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I hereby certify that I have completed this application and the information provided is true and complete to the best of my knowledge and subject to verification by this organization. I authorize the organization, its affiliates and their representatives to investigate all information given and to secure additional job-related information, if necessary. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. By applying, I also agree to an internet search.

I understand and agree that if it is subsequently discovered that the information on my application, any other document, as well in any verbal statements, is misrepresented or untrue or that I have omitted or failed to disclose a material fact, any offer of employment made to me by the organization may be immediately withdrawn or if I am already employed by the organization, I may be subject to immediate dismissal at the organization's option. In such event, the withdrawal of any offer of employment made to me or the termination of employment shall be without any obligation or liability to me by the organization, other than for wages at the rate agreed upon for work I have actually performed for the organization.

I understand that I will be required to complete the designated employment eligibility verification I-9 Form as a condition of

employment and provide original acceptable documentation as proof of my identity and eligibility to work in the United States.

I understand that I may be required to undergo drug testing and/or a background check and that my employment is contingent upon these results. I will be advised if this is required and complete the necessary authorizations. I understand that I am not obligated to disclose sealed or expunged records of conviction or arrest, nor may the organization ask me if I have had records sealed or expunged.

I understand that, in the event I am employed by the organization, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the organization at the organization's discretion.

I understand that unless otherwise provided in a written contract, employment with the organization is considered "at will" which means that either the organization or I may end the employment relationship at any time, with or without cause or advance notice.

If I become employed, in consideration of my employment, I understand that I must comply with the rules, regulations, policies and procedures of the organization. I am aware of and understand the physical requirements of the job and certify that I can and will perform these requirements in a safe manner, with or without accommodation.

I have read the above statements and accept them as conditions of employment with the organization.