



Application for Employment

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for your signature on the back of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non job-related factors.

Job applied for: _____ Today's Date: _____
Are you seeking Full-time or Part-time work (circle one)? _____ When can you start?: _____

Last name First Name Middle Name Telephone number

Street address City State Zip

Email address: _____ Are you 18 or older? Y/N

Social Security #: ____ - ____ - ____ If required, can you provide proof you are eligible for employment in the US? Y/N

Have you ever applied here before? Y/N If so, when: _____

Were you ever employed here before? Y/N If so, when: _____

Have you ever been convicted of any violation of the law? Y/N
(Include any plea of "guilty" or "no contest". Exclude minor traffic violations.)

If so, please give details: _____
(A conviction will not necessarily disqualify an applicant for employment)

Do you have a valid drivers license and a means of transportation? Y/N

Drivers License #: _____ State: ____ Class: ____

Have you had your license suspended or revoked in the past 3 years? Y/N

If so, please give details: _____

List name and addresses of schools attended:

	Name	Yrs Completed	Degrees	Majors
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High school/GED:	_____			
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College/University:	_____			
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Vocational/Technical:	_____			
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List names of employers in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and list business references. A job offer may be contingent on acceptable references from current and former employers.

EMPLOYER NAME		JOB TITLE/DUTIES
ADDRESS		DATES OF EMPLOYMENT
CITY STATE ZIP CODE		PAY RATE – STARTING AND ENDING
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
EMPLOYER NAME		JOB TITLE/DUTIES
ADDRESS		DATES OF EMPLOYMENT
CITY STATE ZIP CODE		PAY RATE – STARTING AND ENDING
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
EMPLOYER NAME		JOB TITLE/DUTIES
ADDRESS		DATES OF EMPLOYMENT
CITY STATE ZIP CODE		PAY RATE – STARTING AND ENDING
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

Have you worked or attended school under any other name?

If so, please give details: _____

Are you presently employed?

If so, who may we contact: _____

Have you ever been fired or asked to resign from a job?

If so, please give details: _____

Please provide three references:

Name	Email address	Tel #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that all information presented in this application is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employer or organization, to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment if required. I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE FOUNDING PARTNERS HAVE THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY ONE OF THE FOUNDING PARTNERS AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND/OR WITHOUT NOTICE.

I have read, understand, and by my signature, consent to these statements.

NAME (PRINT): _____

SIGNATURE: _____ DATE: _____