

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

| | | | |
|---|-------------------------------------|----------------|-----|
| FULL LEGAL NAME | | DATE | |
| PRESENT ADDRESS | CITY | STATE | ZIP |
| PERMANENT ADDRESS (if different) | CITY | STATE | ZIP |
| PERSONAL PHONE | EMAIL ADDRESS | | |
| POSITION APPLYING FOR: | DATE YOU ARE AVAILABLE | SALARY DESIRED | |
| If hired, can you present evidence of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you available to work overtime? | | |
| Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? (If no, describe the functions that cannot be performed.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

EDUCATION

| SCHOOL LEVEL | NAME & LOCATION OF SCHOOL | # OF YRS COMPLETED | DID YOU GRADUATE? | DEGREE / DIPLOMA |
|-----------------------|---------------------------|--------------------|-------------------|------------------|
| HIGH SCHOOL | | | | |
| COLLEGE / UNIVERSITY | | | | |
| VOCATIONAL / BUSINESS | | | | |

FORMER EMPLOYERS

LIST ALL YOUR EMPLOYERS, STARTING WITH THE MOST RECENT.

| | | | |
|----------------------------------|--|---|-----|
| NAME OF PRESENT OR LAST EMPLOYER | | | |
| ADDRESS | CITY | STATE | ZIP |
| JOB TITLE | START DATE | LEAVE DATE | |
| MAY WE CONTACT YOUR SUPERVISOR? | STARTING WAGE \$ PER | FINAL WAGE \$ PER | |
| SUPERVISOR (NAME & TITLE) | | TELEPHONE NO. | |
| DESCRIPTION OF JOB DUTIES | | | |
| REASON FOR LEAVING | | | |

| | | | |
|---------------------------------|-------------------------|----------------------|-----|
| NAME OF PREVIOUS EMPLOYER | | | |
| ADDRESS | CITY | STATE | ZIP |
| JOB TITLE | START DATE | LEAVE DATE | |
| MAY WE CONTACT YOUR SUPERVISOR? | STARTING WAGE \$ PER | FINAL WAGE \$ PER | |
| SUPERVISOR (NAME & TITLE) | | TELEPHONE NO. | |
| DESCRIPTION OF JOB DUTIES | | | |
| REASON FOR LEAVING | | | |

| | | | |
|---------------------------------|-------------------------|----------------------|-----|
| NAME OF PREVIOUS EMPLOYER | | | |
| ADDRESS | CITY | STATE | ZIP |
| JOB TITLE | START DATE | LEAVE DATE | |
| MAY WE CONTACT YOUR SUPERVISOR? | STARTING WAGE \$ PER | FINAL WAGE \$ PER | |
| SUPERVISOR (NAME & TITLE) | | TELEPHONE NO. | |
| DESCRIPTION OF JOB DUTIES | | | |
| REASON FOR LEAVING | | | |

| | | | |
|----------------------------------|-------------------------|----------------------|-----|
| NAME OF PRESENT OR LAST EMPLOYER | | | |
| ADDRESS | CITY | STATE | ZIP |
| JOB TITLE | START DATE | LEAVE DATE | |
| MAY WE CONTACT YOUR SUPERVISOR? | STARTING WAGE \$ PER | FINAL WAGE \$ PER | |
| SUPERVISOR (NAME & TITLE) | | TELEPHONE NO. | |
| DESCRIPTION OF JOB DUTIES | | | |
| REASON FOR LEAVING | | | |

MILITARY SERVICE

| |
|---|
| SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY: |
|---|

CONVICTIONS

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?

Yes

No

IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE(S).

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

ADDITIONAL INFORMATION

OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT YOU FEEL ARE RELEVANT TO EMPLOYMENT WITH THIS COMPANY

PROFESSIONAL REFERENCES

PROVIDE THREE (3) PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE (1) YEAR.

| NAME | TITLE | COMPANY | TELEPHONE | YEARS ASSOCIATED |
|------|-------|---------|-----------|------------------|
| | | | | |
| | | | | |
| | | | | |

AUTHORIZATIONS – *Read and initial each paragraph; then sign below:*

—— **TRUTHFULNESS OF APPLICATION:** I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of material or facts may result in termination of my employment.

—— **AUTHORIZATION TO INVESTIGATE:** I authorize any of the persons or organizations referenced in this application to give the Company any and all information concerning my previous employment, education, criminal activity, and any other information they may have with regard to any of the subjects covered by this application, and release all such parties from the liability for any damage that may result from furnishing such information. I authorize the Company to request and receive such information.

—— **AT-WILL RELATIONSHIP:** I understand and agree that if I am offered employment with the Company it will be on an “at-will” basis. This means that either I or the Company may terminate the employment relationship at any time for any reason, with or without cause. I further understand that the “at-will” nature of my employment with the Company is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the chief executive officer of the Company. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company.

—— **SEARCH OF PUBLIC RECORDS:** Should a search of public records—including records of an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment—be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the above paragraph.

SIGNATURE

DATE