

APPLICATION FOR EMPLOYMENT

THIS APPLICATION IS GOOD FOR 60 DAYS.

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination, as provided under applicable state and federal law.

PLEASE PRINT

Date of Application _____ Position(s) Applied For: _____

Referral Source: ___Advertisement ___Friend ___Relative ___Walk-In ___Employment Agency ___Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ Social Security Number ____/____/____

Have you filed an application here before? ___Yes ___No If yes, give date: _____

Have you ever been employed here before? ___Yes ___No If yes, give date: _____

Are you employed now? ___Yes ___No May we contact your present employer? ___Yes ___No

Are you 18 years of age or older? ___Yes ___No

Are you prevented from lawfully becoming employed in this country? ___Yes ___No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

On what date would you be available for work? _____ Expected salary: _____

Are you available to work: ___Full-Time ___Part-Time ___Temporary What days? S M T W T F S

Are you on lay-off and subject to recall? ___Yes ___No

Have you been convicted of a felony within the last 7 years? ___Yes ___No (Conviction will not necessarily disqualify applicant from employment. The recency, severity and pertinence of the conviction to the job will all be considered.)

If yes, please explain: _____

Veteran of the U.S. Military Service? ___Yes ___No If Yes, Branch: _____

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers. _____

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone: ()			
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Reason for Leaving:			

If you need additional space, please continue on a separate sheet of paper.

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State any additional information you feel may be helpful to us in considering your application. _____

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APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided may result in my immediate discharge, if I am hired. **I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.**

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability which might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

Signature of Applicant

Date