

APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED STATUS.

PLEASE PRINT CLEARLY

	FLLASLIFI	MAI CLLAI		
Position(s) applied for			Da	ate//
How did you find out abou	t this job? Newspaper	Employee V	/alk-in Relative	e Other
Why are you seeking a new	/ job at this time?			
APPLICANT INFO	ORMATION			
First Name	Middle _		Last	
Street Address				
City / State / Zip			Phone (_)
If hired, do you have a reliab	le means of transportati	on to get to worl	د؟ Describe	e
Are you at least 18 years old	l? If you are und	er 18 years of age	e, can you furnish	າ a work permit?
If the job you are applying fo	or requires driving: Drive	r's License No	State	Expiration Date
Are you legally eligible for e	mployment in the U.S.?	(Proof of U.S. citiz	enship or immigrati	ion status is required if hirec
EMPLOYMENT IN	FORMATION			
Are you seeking full time, pa	art time or temporary er	nployment?		
What hours and shift(s) wou	ald you prefer to work?			
List times you are not availa	ble to work?			
Are you willing to work over	rtime? Weekends?	Holidays?		
Are you currently employed	? If hired, when wou	ld you be able to	start?	
Have you ever worked for th	is organization before? _	If yes, name	used:	
List any friends or relatives e	employed by this compa	ny:		
Have you ever been dischar	ged or asked to resign fro	om any position?	If yes, p	lease describe:
If applicable, please refer to able to perform all of these Please describe which task accommodation you will ne	tasks with or without reases, if any, you will need	asonable accomr	modation	_

EDUCATION (CIRCLE HIGHEST LEVEL ACHIEVED)

Elementary 1 2 3 4 5 6 7 8	Secondary 9 10 11	12 G.E.D	College: 1 2 3 4 5 6 7 8
Name of School	Name of School		Name of School
Location of School	_Location of School _		Location of School
If in high school, are you enrolled i	n a recognized co-op	program? Y / N	Degree & Major:
If yes, identify program and school	l:		Minor:
WORK HISTORY (PLEA	ASE BEGIN WITH MO	OST RECENT)	
1. Company		Phone No. Wit	h Area Code ()
Address		City/State/Zip	
Dates of Employment: From	To	_ Job Title	
Supervisor's Name & Title			
Describe duties briefly			
Specific reason for leaving			
2. Company		Phone No. Wit	h Area Code ()
Dates of Employment: From	To	_ Job Title	
Supervisor's Name & Title			
Describe duties briefly			
Specific reason for leaving			
3. Company		Phone No. Wit	h Area Code ()
Address		City/State/Zip	
Dates of Employment: From	To	_ Job Title	
Supervisor's Name & Title			
Describe duties briefly			
Specific reason for leaving			
4. Company			
Address		City/State/Zip	
Dates of Employment: From	То	_ Job Title	
Supervisor's Name & Title			
Describe duties briefly			
Specific reason for leaving			
For references purposes: Have you worked	d for any of these organiza	tions or attended sc	hool under a different name?
If yes, given name and organization(s)			
May we contact the employers listed above	ve? If not, list t	he employers you do	o not wish us to contact and why:

AUTHORIZATIONS & AT-WILL EMPLOYMENT AGREEMENT

(PLEASE READ CAREFULLY, THEN SIGN AND DATE BELOW)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and i release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create and employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature	Date	
Name (please print)		