Application for Employment

Please Print

Equal access to programs, services and employment opportunities is available to all persons without regard to race, color, religion, sex (including pregnancy, sexual orientation and gender identity), national origin, disability, age, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

NameLast First	Applicant ID #		
AddressStreet	7100.4		
Street C. II. I. (Oth on Phone # (City State ZIP Code E-mail Address		
Position(s) applied for	Date of application/		
Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.)			
If necessary, best time to call you is : AM PM	Will you work overtime if required? ☐ Yes ☐ No		
Home Cellular/Other	If no , please explain:		
May we contact you at work?	ii iio, picuse explain.		
If yes, work number and best time to call:	- 11		
: PM	Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable		
If you are under 18 and it is required,	accommodation)?		
can you furnish a work permit? \(\Delta N/A \(\Delta Yes \) \(\Delta No	This question is not designed to elicit information about an applicant's disability. Please		
If no , please explain:	do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage		
Have you submitted an application here before? Yes No	to the extent permitted by law.		
If yes, give date(s) and position(s):	Yes No Need more information about the job's "essential functions" to respond		
Have you ever been employed here before? \square Yes \square No	Driver's license number required if driving may be required in the		
If yes , give dates: From/ To/	job for which you are applying:		
Is this application a request for reemployment	State		
following an extended military leave of absence	Have you ever been bonded?		
from this company?	Have you ever pleaded "guilty" or "no contest" to or been convicted of		
If yes , additional information may be requested. Are you lawfully eligible for employment	a crime? NOTE: Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature		
in this country?	of the violation, rehabilitation and position applied for will be taken		
Date available for work	into account. You are not obligated to disclose convictions that have been sealed		
What is your desired salary range or hourly rate of pay?	If yes, please provide date(s) and details:		
\$ Per			
Type of employment desired:			
☐ Educational Co-Op ☐ Seasonal ☐ Temporary	Have you entered into an agreement with any former employer or		
Will you relocate if job requires it? ☐ Yes ☐ No	other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company?		
Will you travel if job requires it? Yes ☐ No	If yes, please explain:		
If they have been explained to you, are you able to meet the			
attendance requirements of the position? \(\sum N/A \subseteq Yes \subseteq No			

Employment History Starting with your most recent employer, provide the following information. Telephone # Dates employed: Street address City Compensation (Starting) Hourly Salary Starting job title/final job title Commission/Bonus/Other Compensation \$ Immediate supervisor and title (for most recent position held) May we contact for reference? Compensation (Final) Yes No Later Hourly Salary \$ Why did you leave? E-mail: Commission/Bonus/Other Compensation Summarize the type of work performed and job responsibilities. What did you like most about your position? What were the things you liked least about the position? Employer Telephone # Dates employed: Street address State Salary Hourly \$ Starting job title/final job title per Commission/Bonus/Other Compensation \$ Immediate supervisor and title (for most recent position held) May we contact for reference? Compensation (Final) No Later Salary Hourly Why did you leave? E-mail: Commission/Bonus/Other Compensation Summarize the type of work performed and job responsibilities. What did you like most about your position? What were the things you liked least about the position? Employer Telephone # Dates employed: Street address State ☐ Hourly Salary per Starting job title/final job title \$ Commission/Bonus/Other Compensation Immediate supervisor and title (for most recent position held) May we contact for reference? Compensation (Final) Yes No Later ☐ Hourly Salary Why did you leave? per E-mail: Commission/Bonus/Other Compensation \$ Summarize the type of work performed and job responsibilities. What did you like most about your position? What were the things you liked least about the position? Employer Telephone # Dates employed: Street address City State Compensation (Starting) Hourly Salary Starting job title/final job title Commission/Bonus/Other Compensation \$ Immediate supervisor and title (for most recent position held) May we contact for reference? Compensation (Final) Yes ☐ No Later Hourly Salary Why did you leave? E-mail: Commission/Bonus/Other Compensation \$ Summarize the type of work performed and job responsibilities. What did you like most about your position? What were the things you liked least about the position?

Employment History (conti	nued)					
Explain any gaps in your employs	ment, other than the	ose due to person	al illness, in	jury, or disability		
	stants. qu., ac				AUTHOR CO.	
70	1	C 1 1 1 1		. 1 2		
If not addressed on previous page	0.36					🗀 1es 🗀 No
If yes , please explain:						
Skills and Qualifications						
Summarize any special training, skill		and/or certificates	that may assis	st you in performing the	position for whic	h you are applying
						W
Computer Skills (Include software t	citles and level of experi	ence, such as basic,	intermediate, o	or advanced.)		
☐ Word Processing				,		Level:
□ Spreadsheet						
☐ Presentation			Other _			Level:
□ E-mail		Level:	☐ Other _			Level:
Educational Background						
Starting with your most recent scl	nool attended, provi	de the following i	nformation.			
School (inclu	de City and State)		# of Years Completed	Completed	GPA Class Rank	Major/Minor
				□ Diploma □ GED □ Degree □		
				☐ Certification		
				□ Diploma □ GED		
				☐ Degree Certification		
				☐ Other ☐ GED		
				□ Degree		
				☐ Certification		
				□ Diploma □ GED □ Degree		
				Certification		
				Other		
References						
List names and telephone number				45	e not previous	supervisors.
If not applicable, list three school		nces who are <i>not</i> Relationship				# of Year
Name	Title	to You		Telephone	E-mail	"Known

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		

Related Information
When answering these questions, please exclude any information that would reveal race, color, religion, sex (including pregnancy, sexual orientation and gender identity), national origin, disability, age, genetic information, or other similarly protected status.
To what job-related organizations (professional, trade, etc.) do you belong?
List special accomplishments, publications, awards, etc.
List any relevant volunteer work.
Is there any other job-related information you want us to know about you?
Applicant Statement
I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.
I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.
I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.
I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.
If I am hired, I understand that I am free to respin at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.
I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.
I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.
This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, color, religion, sex (including pregnancy, sexual orientation and gender identity), national origi disability, age, genetic information, or any other protected status under applicable federal, state, or local law.
I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.



Signature of Applicant

This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.



Date