

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other legally protected status.

Please print							
Position(s) applie	ed for			Date of application		/	
Referral Source	□ Advertisement	□ Employee	☐ Relative	☐ Governme	ent Empl	oyment A	gency
	□ Walk-in	□ Private Employm	ent Agency	□ Other			
	Name of source (if applicable)					
Name	Last	Fir	•		Middle		
Address		111:			State	Zip Co	
		Cell Phone #()		-mail Address			
If necessary, best	t time to call you at ho	me is				<u>:</u>	AM PM
						□Yes	□ No
lf yes, work numl	ber and best time to co	ll				:_	AM PM
Have you submitt	ted an application her	e before?			······································	□Yes	□ No
If yes, give date(s) and position(s)						
Have you ever b	een employed here be	fore?				□Yes	□ No
If yes, give dates	·			From	/ /	To/_	
Are you legally e	eligible for employmen	t in this country?			• • • • • • • • • • • • • • • • • • • •	□Yes	□No
Date available fo	or work	/_ What is your d	esired salary ra	nge?	\$		
Type of employm	ent desired			🗆 F	ull-Time	□ Po	ırt-Time
Are you able to r	meet the attendance re	equirements of the position	on?			□Yes	□ No
Will you work ov	vertime if required?					□Yes	□ No
lf no, please exp	lain						
Have you ever be	een bonded?					□Yes	□No

Employment History

Starting with your most recent employer, assignments, or volunteer activities, provide the following information:

		Telephone#		Dates Emplo	Month yed /	Year	to	Month /	Year
Street Address	City	_()	State	<u>'</u>	,	ompensat	ion (starting)	·)	
Starting Job Title / Final Job Title				☐ Hourly	Salary	\$	<u> </u>		per
Immediate Supervisor and Title				Commission	on/Bonus \$				•
Reason for Leaving						Compense	ation (final)		
May we contact for reference?				☐ Hourly	Salary	\$	<u> </u>		per
☐ Yes Summarize the type of work performed and j	□ No ob responsibilit	Later ties.			on/Bonus \$				
Employer		Telephone#		Dates Emplo	Month	Year	to.	Month	Year
Street Address	City	_()	State	Dales Linpic	,		to	/	
Starting Job Title / Final Job Title							ion (starting)	1	
mmediate Supervisor and Title				☐ Hourly	Salary	\$			per
Reason for Leaving				Commissio	on/Bonus \$				
May we contact for reference?						Compense	ation (final)		
Yes	□No	Later		☐ Hourly	Salary	\$			per
Summarize the type of work performed and j	ob responsibilit	ies.		Commission	on/Bonus \$				
Employer		Telephone#		Dates Emplo	Month yed /	Year	to	Month /	Year
Street Address	City		State		С	ompensat	ion (starting))	
Starting Job Title / Final Job Title				☐ Hourly	Salary	\$			per
mmediate Supervisor and Title				Commissio	on/Bonus \$				
Reason for Leaving						Compens	ation (final)		
May we contact for reference?	□ No	Later		☐ Hourly	Salary	\$			per
Summarize the type of work performed and j				Commissio	on/Bonus \$				
Employer		Telephone#		Dates Emplo	Month	Year	to	Month /	Year
Street Address	City	()	State	Dules Emplo	·	omnensat	ion (starting)	· · ·	
Starting Job Title / Final Job Title				□ Hourly	Salary	\$	ion (siuring)	<u> </u>	nor
mmadiate Superviser and Title				Hourly		Ψ			per
minediale Supervisor and fille				Commissio	on/Bonus \$				
mmediate Supervisor and Title Reason for Leaving						Compense	ation (final)		
Reason for Leaving									
·	□ No	Later		☐ Hourly	Salary	\$			per

Educational Background (if job related) Starting with the most recent school attended, provide the following information.

School (include City & State)	State) Number of Achieved GPA Major Years Completed Achieved Class Rank		Major	Minor	
		□GED □Diploma □Degree			
		GED Diploma Degree			
		□GED □Diploma □Degree			
References List name and telephone number of three sors. If not applicable, list three school of	e business/work references	ences who are s who are not r	not related to you elated to you.	and are not p	revious supervi-
Name	Title	Relationship		ohone	Number of
		to Candida	te		Years Known
			()		
			()		
			()		
			()		
			()		
List special accomplishments, publication Exclude membership that would reveal race, color, religion, sex, no	ns, awards, etc. utional origin, citizenship, age, men	ntal or physical disabilitie:	s, veteran/reserve national gu	ard or any other simila	rly protected status.
List any additional information you would	d like us to consider.				

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with 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 such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this application remains current for only 30 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 to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and 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 authority or work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that the employer makes available arbitration of grievances that otherwise could have been taken to court. I agree, like employer, to submit any complaints arising out of my application for employment to arbitration and we each agree to abide by and accept a final decision of the arbitration panel as ultimate resolution.

I understand that any information provided by me found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me 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	g Applicar	Applicant Statement.		
Signature of Applicant	_ Date .	/	/	

Affirmative Action Voluntary Information

Completion of information below is voluntary.

We consider all applicants for positions without regard to race, color, religion, gender, national origin, citizenship, age, disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print								
Position(s) applied for					Date _	/	/
	ıl Source							
\Box \lor	Valk-in	☐ Government Em	ployment A	gency	☐ Private En	nployment A	gency	
□Е	mployee	□ Relative			□ School			
	Advertisement - Sour	ce			🗆 Other			
Name o	f person who referre	ed you if applicable						
Applic	cant Informat	tion						
II	<i>y</i>							
Name_		First			Telephone	# <u>(</u>)		
Address	Last	First et						
	 Λale □ Female	et		City	State		Zip Code	
	Naie _ remaie							
		4.11		_				
Please	check one of the	ne following Eq	ual Empl	oyment O	pportunity Ide	entification	n Group)5:
	White (not of His American Indian	spanic origin) /Alaskan Native			f Hispanic origin ic Islander			