EMPLOYMENT APPLICATION

Must be filled out completely

We are an Equal Opportunity Employer. All applicants are considered without regard to race, color, religion, disability, sex, national origin, age (for those age 40 or over), or any other basis protected by federal, state, or local law. This employment application is only active for 30 days. After this time period a separate employment application must be submitted in order to be considered for employment.

Personal	Pleas	e Print	Clearly			Date: _
Social Security Number			_			
First Name	Middle		Last			
Street Address						
City, State, Zip			P	none		
How did you find out about this	job? Newspaper	Referral	Other			
If hired, do you have a reliable	means of transportation	to get to	work? Yes	No What is	it?	
Minimum salary expected			Are	you at least 18 ye	ars old? Yes	s No
Driver's License No			_State Issued	l Exp	iration Date	
Are you legally eligible for empl	oyment in the U.S.? Y	'es No	(Proof will b	oe required if hired	d.)	
Have you been convicted of a fe	elony in the last seven y	ears? \	Yes No A	re you currently o	n parole? Yes	No
Are you currently awaiting trial?	Yes No		Are you cu	rrently on deferred	d adjudication?	Yes No
If you answered yes to any of the	ne previous questions, s	state the	nature of the	offense and dispos	sition of the case	e. Include
dates and places. (Note: Felony co	nvictions or the existence of a	criminal re	cord do not const	titute an automatic bar	to employment)	
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Education						
Elementary 12345678	Secondary 9	10 11	12 G.E.D.	College	1 2 3 4	5 6 7 8
Name of School:	Name of School		Na	ame of School		
Location of School	Location of School _		Loc	cation of School		
If currently in high school,			С	Degree & Major		
are you enrolled in a recognized co	-op program? Yes	No		Minor		
If yes, identify program and school	:					
Military Service						
Are you a veteran? Yes No	If yes, give dates of s	service:	From	To		
List any special skills or training	:					

Employment Data

Are you seeking: Temporary Full-time Part-time						
What position(s) are you applying for?						
What hours and shift(s) would you prefer to work?						
What hours and shift(s) would you prefer not to work?						
Please indicate any shift(s) you would not be available to work						
Are you willing to work overtime? Yes No Weekends? Yes No Holidays? Yes No						
Are you currently employed? Yes No If hired, when would you be able to start?						
Have you ever worked for this organization before? Yes No If yes, name used:						
List any friends or relatives employed by this company:						
Are you on layoff and subject to recall? Yes No						
Have you ever been discharged or asked to resign from any position? Yes No If yes, please describe:						
How many days have you missed from work within the last year other than approved vacation, sick, or disability leave? Please describe						
How many days have you been late to work within the last year other than approved vacation, sick, or						
disability leave?Please describe						
If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform						
all these tasks with or without reasonable accommodation? Yes No						
Please describe which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation						
you will need						
Work History Please list your last four employers. Begin with the most recent.						
Company #1Phone No. with Area Code ()						
AddressCity/State/Zip						
Dates of Employment: FromTo Salary: BeginEnd						
Job TitleSupervisor Name & Title						
Describe duties briefly:						
Specific reason for leaving:						

Company #2		Phone No. with Area	a Code ()	
Address	City/State/Zip				
Dates of Employment: From	To	Salary: Be	gin	End	
Job Title		_Supervisor Name & Tit	:le		
Describe duties briefly:					
Specific reason for leaving:					
Company #3		Phone No. with Are	ea Code ()	
Address	City/State/Zip				
Dates of Employment: From	To	Salary: Be	gin	End	
Job Title	Supervisor Name & Title				
Describe duties briefly:					
Specific reason for leaving:					
Company #4		Phone No. with Are	ea Code ()	
Address		City/S	State/Zip		
Dates of Employment: From	To Salary: BeginEnd			End	
Job Title	Supervisor Name & Title				
Describe duties briefly:					
Specific reason for leaving:					
How many jobs have you had in the la	st five years not lis	sted above?			
May we contact all of the employe	ers listed above?	Yes No	If not, tell us	which one(s) you do not wish	
us to contact and why					
Please describe your activities during a	a typical day at you	ır current job			

Of all of these jobs, which did you enjoy the most? Why?	? The least? Why?
Most:	
Least:	
Why are you seeking a new position at this time?	
List any business-related outside interests and organizatio	ns you are active in:
Tell us what you think of the saying, " The customer is alv	vays right."
What distinguishes a good employee from an average one	<u> </u>
What would you do if you suspected a co-worker was stea	aling from the company?
Describe a time you took it upon yourself to make an area situation? What did you do?	a safer for the people who worked or lived there. What was the
PLEASE READ THE FOLLOWING CAREFULL. I authorize this company to make an investigation of all from liability all companies and corporations supplying simplications made by me on this application or other recemployment or discharge. Upon termination of my employment to request a copy of my credit report, motor vehicle driv through various third party sources. As required by law, reasonable period of time, I will be notified as to the natural drug/ alcohol test required of me, whether prior to my en understand and expressly agree that if employed by the company without any employment and that no employment contract is being of an indefinite period of time and the company may change	Y, THEN SIGN AND DATE THE APPLICATION. information contained in this employment application and I release such information. I understand any false answers, statements, or quired documents shall be considered sufficient cause for denial of syment for whatever reason, I release this company from all liability to any potential employer. I authorize this company, if applicable, ing record, and any other investigative report deemed necessary upon request, within a re and scope of such investigations. I hereby agree to submit to any imployment or if employed by this company at any time thereafter. I company, storage areas provided for me (locker, desk, etc.) are open prior notice to me. I further understand this is an application for ffered. I understand that if I am employed, such employment is for e wages, benefits, and conditions at any time. My employment is at nige the employment-at-will status except an officer of the company,
Applicant's Signature	Date
Check over the foregoing applicat	tion, making sure it is complete and signed.