

Standard Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

| | |
|------------|-----------------------|
| “Employer” | Position applying for |
|------------|-----------------------|

| | | | |
|---------------------------------------|---------------------------|---|-----|
| PERSONAL DATA | | | |
| Name (last, first, middle) | | | |
| Street Address and/or Mailing Address | City | State | Zip |
| Home Telephone Number | Business Telephone Number | Cellular Telephone Number | |
| Date you can start work | Salary Desired | Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | | | |
|---|--|---|--|
| POSITION INFORMATION Check all that you are willing to work | | | |
| Hours: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> | Days <input type="checkbox"/> Evenings <input type="checkbox"/> | Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Weekends <input type="checkbox"/> | Status: Regular <input type="checkbox"/> Temporary <input type="checkbox"/> |
| Are you authorized to work in the U.S. on an unrestricted basis? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) If yes, explain: | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Can you perform these essential functions of the job with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| | | | |
|---|-------------|--------|--------------------|
| QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training. | | | |
| | School Name | Degree | Address/City/State |
| School | | | |
| School | | | |
| Other | | | |

| |
|--|
| SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.) |
| |

| | | | |
|---|--------------------|-------|--------------|
| REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references. | | | |
| Name | Address/City/State | Phone | Relationship |
| | | | |
| | | | |
| | | | |

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

| | | |
|---------------------|------------------------|----------------------|
| Job Title #1 | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| City | State | Zip |
| Duties: | | |
| Reason for Leaving | Starting Salary | Ending Salary |

May we contact your present employer? Yes No N/A

| | | |
|---------------------|------------------------|----------------------|
| Job Title #2 | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| City | State | Zip |
| Duties: | | |
| Reason for Leaving | Starting Salary | Ending Salary |

| | | |
|---------------------|------------------------|----------------------|
| Job Title #3 | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| City | State | Zip |
| Duties: | | |
| Reason for Leaving | Starting Salary | Ending Salary |

| | | |
|---------------------|------------------------|----------------------|
| Job Title #4 | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| City | State | Zip |
| Duties: | | |
| Reason for Leaving | Starting Salary | Ending Salary |

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date