For Office Use Only:	$\left \right $
Date Received:	

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

This application is active for _____ days.

The Company will make every effort to meet a request for disability accommodation. If you require accommodation to participate in our application process, please contact our office.

INSTRUCTIONS Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered. PLEASE PRINT				
Job Applied For		Today's Date _		
Employment status sought: Fu	ll-time □ Part-tim	ne 🗆 Tempora	ry □ Seasonal □	
When are you available for empl	loyment?			
	PERSONAL DA	TA		
Last Name	First Name		Middle Initial	
Present Street Address	City	State	Zip Code	
	2,			
Telephone Nu	mber	•		
Are you at least 18 years of age	?		. Yes 🗆 No 🗅	
Have you ever applied here befo	ore?	Yes 🖵 No	□ When?	
Were you ever employed here? Yes □ No □ When?				
Are you eligible to work in the United States?				
Do you have any commitments or agreements with another employer which might affect your employment here?				
If yes, please explain				

EDUCATION	J	
Name, Address and Location of School	Highest Grade Completed	Did You Graduate?
ligh School:		
College or University:		
College Major:		
Degree:		
Additional Educational and/or Vocational or Technical Training Information:	Courses Taken	Courses Completed
School:		
School:		
School:		
QUALIFICATIONS & SPE	CIAL CVII C	
QUALIFICATIONS & SPE	CIAL SKILLS	

QUALIFICATIONS & SPECIAL SKILLS	
	-
	_
	_
	_
	_
For Driving Jobs Only: Do you have a valid driver's license?	-]
Driver's License Number State	

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name and supply business references. If you worked in any of the positions under another name, please give name(s). **PLEASE GIVE MONTH AND YEAR.**

Employer		Supervisor			
Address			Phone		
Dates Employed From: To:	Position Held			Reason for Leaving	
Duties:			I		
Employer		Supervisor			
Address			Pho	ne	
Dates Employed From: To:	Position Held			Reason for Leaving	
Duties:	1		I		
Employer		Supervisor			
Address			Pho	ne	
Dates Employed From: To:	Position Held			Reason for Leaving	
Duties:					
Employer		Supervisor			
Address			Pho	ne	
Dates Employed From: To: Duties:	Position Held			Reason for Leaving	

REFERENCES

Give	three	references,	not	relatives	or	former	employ	ers.
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Name	Address	Phone	Yrs. Acquainted	Occupation

AFFIDAVIT

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand that, if I am hired, I must produce applicable documents confirming my identity and showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, educational institutions, and other references, listed or not listed on this application, may be contacted by the Company. These references are authorized to give the Company any and all pertinent information they may have. I release all persons or entities involved, including the Company, from all liability arising from this contact and provision of information.

I agree to submit to any post-offer, pre-employment testing or physicals, as required by the Company.

I authorize the Company to conduct a criminal history check after an initial interview or conditional offer of employment and understand that unexpunged criminal convictions may be considered by the Company in making hiring decisions.

I agree to conform to all the Company's policies, rules, and procedures.

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between the Company and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and the Company has the same right.

Signature	Date
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