APPLICATION FOR EMPLOYMENT

Position Applied For: _____ Date of Application: _____

PERSONAL INFORMATION

Last Name	**First Name**	**Middle Initial**	**Telephone Number**

Present Street Address	**City**	**State**	**Zip**

Social Security Number	**Name and phone number of the person to be notified in case of emergency**

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations?	**Yes** _____ **No** _____
Do you have the legal right to work and be employed in the U.S.? (Proof of identity and legal authority to work in the U.S. is a condition of employment.)	**Yes** ❑ **No** ❑
Are you at least age 18? (Proof of age and work permits may be required prior to hiring)	**Yes** ❑ **No** ❑
Do you have a reliable means of transportation to and from work?	**Yes** ❑ **No** ❑

EDUCATION

	Name of School and Address	**Graduated (Yes/No)**	**Number of Years**	**Course or Major**	**Grade Point Average**
High School					
College					
Other					

Extracurricular Activities (You may omit those which indicate your race, color, religion, sex, sexual orientation, national origin, ancestry, age or the existence of a disability.)

Have you ever worked for this Company before? **Yes** ❑ **No** ❑

The Company is an equal opportunity employer. The Company does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.

GENERAL INFORMATION

Date available to start:	Full-time or Part-time?
Days and Hours DAY Sunday Monday Tuesday Wednesday Thursday Friday Saturday Available From: _____ to Work To: _____	
What interested you in the Company?	
What are your hobbies, special interests, and activities? (Please omit those indicating race, color, religion, sex, national origin, ancestry, age, or the existence of a disability.)	

EMPLOYMENT/WORK EXPERIENCE

Please list all of your jobs in **the past five years.** (If applicable, you may list work performed on a voluntary basis. If additional pages are needed, please attach.)		
Company No. 1 (present or most recent employer)	Address	Telephone Number
Employed (Month and Year) From To		Average Number of Hours Worked Per Week:
Position(s) Held:	Supervisor's Name and Position	
Describe all of your significant duties:		
May we contact this employer? **Yes** ❑ **No** ❑		
Reason for leaving:		

EMPLOYMENT/WORK EXPERIENCE (Continued)

Company No. 2 (Next or most recent employer)	Address	Telephone Number
Employed (Month and Year) From To		Average Number of Hours Worked Per Week:
Position(s) Held:	Supervisor's Name and Position	
Describe all of your significant duties:		
May we contact this employer? **Yes** ❑ **No** ❑		
Reason for leaving:		
Company No. 3 (Next or most recent employer)	Address	Telephone Number
Employed (Month and Year) From To		Average Number of Hours Worked Per Week:
Position(s) Held:	Supervisor's Name and Position	
Describe all of your significant duties:		
May we contact this employer? **Yes** ❑ **No** ❑		
Reason for leaving:		

Please identify and explain all periods of unemployment during the last five years:

From	To	Reason for Unemployment

I **hereby certify** that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company. *I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the president of the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral, written, or collateral agreements regarding this issue.*

I also understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Offers of employment are also conditioned on the satisfactory completion of a post-offer [background check/medical examination.]

_____ _____

Signature of Applicant Date

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