

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Please type or print your answers. An illegible application may preclude you from consideration

Position(s) applied for _____ Full-Time Part-Time Date of application ____/____/____

Name _____ Telephone # (____) _____

Last First Middle Initial

Address _____
Street City State Zip Code

How did you hear about us? _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain: _____

Have you ever been employed here before? Yes NoIf yes, give dates and positions: _____

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____ What is your desired salary range \$_____ Shift First Second Third

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Can you provide a driver's license number if required for the job in which you are applying? Yes No

Employment History

Starting with your most recent employer, provide the following information.

Employer	Dates of Employment	Rate of Pay
		\$

Immediate Supervisor	Telephone#	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Summarize the type of work performed and job responsibilities.

Why did you leave?

Employer	Dates of Employment	Rate of Pay
		\$

Immediate Supervisor	Telephone#	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Summarize the type of work performed and job responsibilities.

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		\$

Immediate Supervisor	Telephone#	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Summarize the type of work performed and job responsibilities.

Why did you leave?

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that are applicable to the position for which you are applying:

Education

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class/Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification		

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this 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, resume 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 truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. 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 for me to reapply and fill out a new application.

I understand that this Company is an "at will" employer. I understand that I am free to resign at any time, with or without cause or prior notice and this Company reserves the same right to terminate my employee at any time, with or without cause or prior notice, except as 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 assurances, either oral or written, to the contrary. I also understand that if I am hired I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard. I agree to fully cooperate with the Company's lawful efforts to confirm my proof of identity and/or legal authorization to work in the United States.

This Company does not tolerate unlawful discrimination in its employment practices and takes all complaints of discrimination seriously. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability or any other protected status under applicable federal, state or local law. This Company likewise does not tolerate discrimination based on sex, race, color, religion, national origin, citizenship, age, disability or any other protected status.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment or (ii) may result in my immediate discharge from the employer's service, whenever discovered.

I certify that I have read, full understand and accept all terms in the foregoing **Applicant Statement**.

Signature of Applicant _____ **Date** ____/____/____