



EMPLOYMENT APPLICATION

PERSONAL INFORMATION				
Last Name:	First Name:	Middle Name:		
Home Address:	City	State	Zip Code	
How long have you lived at this address? Yrs. _____		Mths. _____	Last 4 Digits of SSN: _____	
Home Phone: ()	Cell Phone: ()	Email Address: _____		
POSITION DESIRED				
Position applied for: _____				
Available to work: Full-Time <input type="checkbox"/> PartTime <input type="checkbox"/> Temporary <input type="checkbox"/>				
Date available to start work: _____				
If you are under age 18, can you provide a work permit if offered a job? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>				
If offered a job, can you prove your legal authorization to live and work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you ever been convicted of a criminal offense (felony or misdemeanor)? (Convictions for misdemeanor marijuana related offenses that are more than two-years old need not be listed). Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, state the nature of the crime(s), when and where convicted, and disposition of the case: _____				
<i>Note: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.</i>				
Have you ever applied for a position with or worked for this Company before? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, specify dates: From: _____ To: _____				

EDUCATION				
	Name of School and Address	Major	No. of Years Completed	Did you Graduate?
High School				

College				
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Graduate Degree				
Vocational or Business				

List any professional licenses or certificates relevant to the position you are applying for:

<u>Type</u>	<u>Organization or State Issued</u>	<u>Date Issued</u>

WORK EXPERIENCE				
Please list your present and past work experience for the last 10 years, beginning with your most recent position. You may include volunteer activities on a separate sheet of paper.				
Name of Employer:	From		To	
	Month	Year	Month	Year
Address: (Street, City & State)	Telephone:			
Position:	Supervisor:			
Description of Duties:				
Reason for Leaving:				
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Name of Employer:	From		To	
	Month	Year	Month	Year
Address: (Street, City & State)	Telephone:			
Position:	Supervisor:			
Description of Duties:				
Reason for Leaving:				

May we contact this employer? Yes ☐ No ☐

Name of Employer:	From	To
	Month Year	Month Year
Address: (Street, City & State)	Telephone:	
Position:	Supervisor:	
Description of Duties:		
Reason for Leaving:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please identify and explain all periods of unemployment in excess of one month during the past 10 years:

Period of Unemployment:

From: To: Reason for Unemployment

Have you ever used any other name during employment or school other than that used on this application?

Yes ☐ No ☐

If yes, please specify the name you were employed or enrolled under:

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations?
If no, describe the functions that cannot be performed?

Yes ☐
No ☐

Note: We comply with the Americans with Disability Act (ADA) and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.

Are you a veteran of the United States military service?

Yes ☐ No ☐

If yes, please state branch of service: _____

Please list any job-related professional, trade, business or civic activities, organizations and associations. (You may omit those which indicate race, color, religion, national origin, ancestry, sex, age, or the existence of a disability):

REFERENCES

Please provide the names, addresses, and telephone numbers of at least two professional references who are not related to you:

AGREEMENT

1. I understand that any offer of employment regarding certain job positions may be conditioned on satisfactory completion of a medical examination and/or a drug and alcohol screen. I agree to sign a release of medical information authorization form and to submit to a medical examination and/or drug and alcohol screen should the Company condition my offer of employment upon successful completion of such an examination or screening.
2. I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any misrepresentation, falsification or omission of information may result in the denial of employment or, if hired, may result in termination.
3. I authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and professional/personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have.
4. I expressly agree and understand that, if employed, my employment, having no specific term, is based upon mutual consent and may be terminated at will, with or without cause or notice, by either party (the Company or me). I also understand that this aspect of my employment, which includes the Company's right to demote or otherwise discipline with or without cause or notice, may not be changed, modified, amended or rescinded except by an individual written agreement signed by both me and the President of the Company.
5. Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to the Company, or its products, customers, employees, plans or procedures. I agree to deliver to the Company any and all copies of confidential information, or other Company property, upon termination of the employment relationship or at any time upon the Company's request. I also agree not to solicit clients or employees of the Organization either during my employment or after my employment termination.
6. I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above supersede and replace any prior understandings or discussions I have had with the Company and set forth the complete agreement between me and the Company regarding these matters.

Signature of Applicant _____

Date _____

AN EQUAL OPPORTUNITY EMPLOYER