

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or any other prohibited basis of discrimination, as provided under applicable local, state and federal law". "Federal law obligates us to provide a reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

Application For Employment

| Please Print | | | | | | |
|---|-----------------------------|-------------------------|----------------------|-------------------------|--|--|
| Position Applied For: | | | Date Of Application: | | | |
| How did you learn about u Advertisement Employment Agency | s? ☐ Friend ☐ Relative | | ☐ Walk-in ☐ Other | | | |
| Last Name | First Name | Middle Name | Social Security | Number | | |
| Current Address Numb | er Street | City | State Z | Cip Code | | |
| Telephone # () Mobile/Beeper/Other Pho | | | | | | |
| e-mail address If Yes, work number and b | | May we | contact you at work? | | | |
| If you are under 18 years of | of age, can you provide re | equired proof of your e | ligibility to work? | □ Y □ N | | |
| | | | | | | |
| Have you ever been employ | yed with us before? □ Y | ☐ N Give dates and | position: | | | |
| Are you legally eligible for Are you currently employe May we contact your curre Date available for work: | d? nt employer? | ntry? | | □ Y □ N □ Y □ N □ Y □ N | | |
| Are you available to work: Are you available to work | | ne 🛭 Shift Work 🗖 To | emporary | | | |
| - | | | | | | |
| | | recaii: | | | | |
| Can you travel if job require | res it? | | | □ Y □ N | | |
| Driver's license number if | driving is an essential jol | b function: #: | State: | | | |

Employment History

| Provide the following information of your | past and current employers | , assignments or volunteer | activities, starting v | with the most |
|---|----------------------------|----------------------------|------------------------|---------------|
| recent (use additional sheets if necessary) | Explain any gaps in emplo | ovment in comments section | n below. | |

| EMPLOYER | TELEPHONE # | DATES FROM | EMPLOYED TO | SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
|--|--------------------|-----------------|-----------------------|---|
| ADDRESS | () | I HOW | 10 | |
| STARTING JOB TITLE/FINAL JOB TITLE | E | | RATE/SALARY ARTING | |
| IMMEDIATE SUPERVISOR AND TITLE | | \$ | PER | |
| REASON FOR LEAVING | | | RATE/SALARY | |
| | | S | PER PER | |
| MAY WE CONTACT FOR REFERENCE? | ☐ Yes ☐ No ☐ Later | | | |
| EMPLOYER | TELEPHONE # | DATES FROM | EMPLOYED TO | SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
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| REASON FOR LEAVING | | | RATE/SALARY INAL | |
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| REASON FOR LEAVING | | | RATE/SALARY INAL | |
| | | -s | PER | |
| MAY WE CONTACT FOR REFERENCE? | ☐ Yes ☐ No ☐ Later | | | |
| EMPLOYER | TELEPHONE # () | DATES FROM | EMPLOYED TO | SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
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| REASON FOR LEAVING | | | RATE/SALARY FINAL | |
| MAN WE COMMAND BOD DEPENDENCES | | s | PER | |
| MAY WE CONTACT FOR REFERENCE? | | | | |
| COMMENTS (Including explanation | n of any gaps in | | | |
| employment) | | | | |
| | | | | |
| | | | | |

| Skills and Qualification | ons | | | | |
|---|---|--|--|---|---|
| Summarize any special training, sk functions in the position for which | | | that may qualif | y you as being able to pe | erform job-related |
| | | | | | |
| | | | | | |
| Education | | | | | |
| Please circle the highest grad | de you com | pleted in school | : 789101 | 1 12 13 14 15 16+ | |
| SCHOOL NAME | • | CITY/STATE | | OF YEARS COMPLETE | DEGREE DEGREE |
| High School | | | | | |
| College | | | | | |
| Other | | | | | |
| Other | | | | | |
| References | | | | | |
| List name and telephone number of workers, school or personal referen | f three refere | nces who are not renot related to you. | elated to you an | d are not previous emplo | oyers. You may list co- |
| NAME | RELATIONS | | TELEPHONE | AND TIME TO REACH | # OF YEARS KNOWN |
| | | | | | |
| | | | | | |
| | | | | | † |
| Have you ever been convicte | ed of a felor | nv or misdemear | or, other tha | n minor traffic viola | tions? |
| ☐ Yes ☐ No (Such convict | | • | | | |
| If yes, explain | | | | | |
| | | | | | |
| | | | | 6.1 | |
| certification and release: I degiven by me to the foregoing questive understand that any false information application or discharge at any time deverify any of this information including companies and law enforcement authorous and law enforcement authorous and law enforcement authorous and law enforcement authorous and performance records, for any damage whatsoever for release company policy requires, I am willing to I understand the company is not oblice subsequent or oral or written statement employment either express or implied nothing in this application shall restrictime for any reason or no reason. | ons and the son, omissions uring my emploring, but not lir orities to releasorities from a ployer, to releast to the companing this informate of submit to dragated to provient, is intended. This applications | or misrepresentation oyment. I authorized mited to criminal hist ase any information on the last and information of the last and I hereby release and I here | me are completes of facts called the company and cory and motor voncerning my ba amage whatsoeve concerning my joe any and all empetand that the under the use of illegal of the deat of employment in the party for a | and true to the best of for in this application med/or its agents including contential driving records. It ackground and hereby releaser to issuing this informated performance and work ployers, including my currents of illegal drugs is prohibly performance and during endoyment. Nothing in this and to to create any rights is specific period of time reg | my knowledge and belief. I hay result in rejection of my onsumer reporting bureaus to authorize all persons, school, ase any said persons, schools, cion. I authorize any and all record including attendance, nt employer, from any liability libited during employment. If employment. upplication, or in any prior or in the nature of a contract of garding employment. If hired, |
| Applications will be considered ac | tive for a per | riod not to exceed s | six months from | | |
| Signed | | | | Date | |