Standard Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered. "Employer" Position applying for PERSONAL DATA Name (last, first, middle) Street Address and/or Mailing Address City State Zip Home Telephone Number Cellular Telephone Number Business Telephone Number Salary Desired Do you have a High School Diploma or GED? Date you can start work No 🔲 Yes 🔲 POSITION INFORMATION Check all that you are willing to work Hours: Full Time Swing Status: Regular Davs Graveyard 🔲 Part Time Temporary 🔲 Evenings Weekends Are you authorized to work in the U.S. on an unrestricted basis? Yes Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) Yes No Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job? Can you perform these essential functions of the job with or without reasonable accommodation? П No QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training. School Name Degree Address/City/State School School Other SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc. Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references. Name Address/City/State Phone Relationship

| ti kira yir elik ri algir kari <u>garangayaa alika da, ili bi sayi</u> | <u> </u> | | ecessary. (INCLUDE PAID AND UNPAID POSITION End Date (mo/day/yr) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Job Title #1 | Start Date (mo/day/yr) | | Late Date (moreay, yr) |
| Company Name | Supervisor's Name | | Phone Number |
| City | State | | Zip |
| Outies: | I | | |
| | | | |
| leason for Leaving | | Starting Salary | Ending Salary |
| May we contact your present employer? | Yes 🗌 | No N/A | |
| ob Title #2 | Start Date (mo/day/yr) | | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | | Phone Number |
| City | State | | Zip |
| Duties: | | | |
| | | | |
| Reason for Leaving | | Starting Salary | Ending Salary |
| Tob Title #3 | Start Date (mo | /day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | | Phone Number |
| City | State | | Zip |
| Outies: | | | |
| Reason for Leaving | | Starting Salary | Ending Salary |
| Job Title #4 | Start Date (mo/day/yr) | | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | | Phone Number |
| City | State | | Zip |
| Outies: | | | J |
| Danson for Leguing | | | Ending Salary |
| Reason for Leaving I certify that the facts set forth in this Application for | - Employment are t | Starting Salary | |
| aployed, false statements, omissions or misrepresentations on the forth in this application and release the Employer from any I acknowledge and understand that the company is a aployee) may resign at any time, just as the employer may ten | nay result in my dis liability. The emp n "at will" employe | missal. I authorize the En bloyer may contact any lis er. Therefore, any emplo | nployer to make an investigation of any of the ta sted references on this application. yee (regular, temporary, or other type of categor |

Date

Applicant Signature