

Employment Application

An Equal Employment Opportunity Employer

We do not discriminate on the basis of race, color, national origin, sex, gender, marital status, disability, age, religion, veteran status or any other reason

NAME (Last) (First) (Middle) Have you ever used another name? Yes No Date of Application ()

Present Address: (Street # - P.O. Box) (City) (State) (Zip) Area Code & Phone Number

Are you under 18 years of age? Yes No

If yes, can you, if hired, submit a work permit? Yes No

Position Desired Salary Desired Is any additional information relative to a change of name, use of an assumed name, or a nickname necessary to enable a check on your work or education record? Yes No If yes, please explain

Are you available to work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?
 Yes No

If no, describe the functions that cannot be performed _____

Do you have any friends or relatives in our employment, if yes, Who: (Name) (Relationship) Date you can start employment? Have you ever applied or worked for this company before? Yes No Where? _____ When? _____

Can you, after hire, submit verification of your eligibility to work in the United States? Yes No Are you employed now? Yes No If yes, may we inquire of your present employer? Yes No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No If yes, state nature of the crime(s), when and where convicted and disposition of the case(s). (Convictions for marijuana-related offenses that are more than two years old need not be listed.) _____

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
Graduate					
College					
Business/Trade/Technical					
High School					

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for this position? If so, please explain: _____

Have you obtained any special skills or abilities as the result of service in the military? Yes No If so, describe: _____

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

DATES OF EMPLOYMENT FROM TO	NAME, ADDRESS & PHONE # OF EMPLOYER/COMPANY	SUPERVISOR'S NAME /POSITION	LAST POSITION & SALARY	REASON FOR LEAVING
			Position: Salary:	
			Position: Salary:	
			Position: Salary:	
			Position: Salary:	
			Position: Salary:	

*Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name of reference Occupation Address (Street # - P.O. Box) (City) (State) (Zip) Area Code & Phone Number

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Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand and agree that employment is "At-Will", meaning employment may be terminated by either myself or the Company at any time, with or without cause, and with or without notice. I also understand and agree that the Company retains the right to demote, transfer, change my job duties, and my compensation at any time with or without notice and with or without cause in its sole discretion. Employer and Employee further understand and agree that other than the President, no manager, supervisor or other representative of the Company has authority to make any agreement, express or implied, for employment for any specified period of time, or to make any agreement for employment other than at-will. The Company and I also agree that this "At-Will" employment policy cannot be amended, modified or altered in any way by oral statements or in any other way, and can only be altered by written amendment signed by the President of the Company, indicating that it is intended as a modification of Employee's At-Will status.

Date _____ Signature of Applicant _____