DATE

CAREERS

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

01 Personal Information

LAST NAME | FIRST NAME | MIDDLE NAME

STREET ADDRESS | CITY | STATE | ZIP

TELEPHONE | SSN

02 Position

POSITION APPLIED FOR | HOW DID YOU HEAR OF THIS OPENING?

WHEN CAN YOU START? | DESIRED COMPENSATION

03 Eligibility & Background

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) ☐ Yes ☐ No

Are you looking for full-time employment? ☐ Yes ☐ No — Depends on workload

If no, what hours are you available?

Do you smoke? ☐ Yes ☐ No

Do you use illegal drugs? ☐ Yes ☐ No

Have you ever filed for bankruptcy? ☐ Yes ☐ No

What is your expected credit score?

Have you ever been convicted of a felony? (This will not necessarily affect your application.) ☐ Yes ☐ No

IF YES, PLEASE DESCRIBE CONDITIONS

04 Education

SCHOOL	NAME AND LOCATION	YEARS	MAJOR	DEGREE
High School				
College				
College				
Post-College				
Other Training				

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

05 Employment History

Please be aware that prior to a job offer, you may be required to arrange an interview with your previous manager / supervisor. Start with most recent employer, do not combine jobs. Fill out a complete section for each of your last three jobs.

1 POSITION 1

COMPANY NAME | PHONE | NAME OF MANAGER

ADDRESS

START DATE | START COMP. | START POS. | END DATE | END COMP. | END POS.

What is your best guess as to how this manager would rate your overall performance? [ ] Excellent [ ] Very Good [ ] Good [ ] Fair [ ] Poor

May we contact? [ ] Yes [ ] Not at this time [ ] Never

RESPONSIBILITIES

If you are leaving or have already left this position, what was the reason for leaving? [ ] 100% mine [ ] Mutual [ ] 100% Employer's (terminated) [ ] Not leaving the company [ ] Other circumstances

REASON FOR LEAVING?

2 POSITION 2

COMPANY NAME | PHONE | NAME OF MANAGER

ADDRESS

START DATE | START COMP. | START POS. | END DATE | END COMP. | END POS.

What is your best guess as to how this manager would rate your overall performance? [ ] Excellent [ ] Very Good [ ] Good [ ] Fair [ ] Poor

May we contact? [ ] Yes [ ] Not at this time [ ] Never

RESPONSIBILITIES

If you are leaving or have already left this position, what was the reason for leaving? [ ] 100% mine [ ] Mutual [ ] 100% Employer's (terminated) [ ] Not leaving the company [ ] Other circumstances

REASON FOR LEAVING?

05 Employment History

3 POSITION 3

COMPANY NAME | PHONE | NAME OF MANAGER

ADDRESS

START DATE | START COMP. | START POS. | END DATE | END COMP. | END POS.

What is your best guess as to how this manager would rate your overall performance? [ ] Excellent [ ] Very Good [ ] Good [ ] Fair [ ] Poor

May we contact? [ ] Yes [ ] Not at this time [ ] Never

RESPONSIBILITIES

If you are leaving or have already left this position, what was the reason for leaving? [ ] 100% mine [ ] Mutual [ ] 100% Employer's (terminated) [ ] Not leaving the company [ ] Other circumstances

REASON FOR LEAVING?

06 Certification & Signature

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior credit, criminal, educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

SIGNATURE | DATE