

## **APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, age, color, sex, sexual orientation, religion, national or ethnic origin, disability or any other characteristic protected under applicable federal or state law.

		PERSO	NAL INFORM	AHON				
Name (Last, first, mic						Date		
Present Address			City			<b>a</b>	Zip	
Fresent Address			City	Jian	State Zip			
Primary Phone Number Are you			over 18 years old? Y/N E			Email Address		
·								
		<u> </u>	16	<u> </u>			1 1 10	
Have you ever been co applicant for employn		ny? Y/N	If yes, describe.	(Convictio	n will	not nece	ssarily disqualify an	
applicant for employin	nent).							
		EMPL	OYMENT DES	SIRED				
Position for which you are applying			Date you can start			Salary Desired		
Are you currently employed? Y/N			If so, may we contact your currently employer? Y/N					
Have you worked or applied here before? Y/N			When? Position?					
Work Preference			Are there any hours, shifts or days you cannot or will not work?					
☐ Full Time ☐ Part	Time 🗆 No Pre	eference	FRUCATION					
CCLIOOL	NIANAE O LOCATI	ON.	EDUCATION	DID VOI		CERTIFIC	CATE DIDIONA DECDEE	
SCHOOL	SCHOOL NAME & LOCATION			YEAR LAST DID YO COMPLETED GRADU		CERTIFIC	CATE, DIPLOMA, DEGREE	
			99 2223	0.0.00	,			
Describe any special s	kills evneriences	or qualific:	ations that could e	l nhance vo	urioh	nerform	ance	
Describe any special s	ikiiis, experiences	or quanner	ations that could c	mance yo	ui job	periorii	arree.	

		EMPLC	YMENT HIS	STORY			
Name of Most Recent Employer and Address		Position title, duties, skills		Start date	End Date		
Pay \$	Per	Name of Supervisor			Telephone Number		
Reason for Leaving:							
Name of Employer and Address		Position title, duties, skills			Start date End Date		
					T. I. I. N.		
Pay \$	Per	Name of Supervisor			Telephone Number		
Reason for Leaving:							
Name of Employer and Address		Position title, duties, skills			Start date	End Date	
Pay \$	Per	Name of Supervisor			Telephone Number		
Reason for Leaving:	<u> </u>						
Name of Employer and Address		Position title, duties, skills			Start date	End Date	
Pay \$	Per	Name of Supervisor			Telephone Number		
Reason for Leaving:							
		R	EFERENCES	5			
Name	Address		Telephone Busines Number		SS	Years Acquainted	
I certify that the facts understand that If I ar Company to make an	n employed, false s	tatements, omis	sions or misrepre	esentations		my knowledge. I dismissal. I authorize the	

I understand that employment is "at-will," which means that either I or the 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.

Date (month, day, year)	Applicant's Signature