

## **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.

		PERSC	NA	L INFORM	NOITA				
Name (Last, first, mid	ldle)							Date	
Present Address		City			Stat	State Zip			
Primary Phone Number Are you			over 18 years old? Y/N Email Ad						
Have you ever been co applicant for employm		. ,	·		•	n will	not nec	essarily disqualify an	
		EMPI	LOY	MENT DES	IRED				
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	ED	LICATION					
	NIANAE O LOCATI	0 N	ED	UCATION	DID VOI		CERTIE	CATE DIDI CAMA DECDEE	
SCHOOL	OOL NAME & LOCATION			YEAR LAST COMPLETED	DID YOU CE GRADUATE?		CERTIFI	CERTIFICATE, DIPLOMA, DEGREE	
Describe any special s	kills, experiences	or qualific	ation	is that could er	ihance yo	ur job	perforn	nance.	

		EMPLC	YMENT HIS	STORY			
Name of Most Recent Address	t Employer and	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