

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age (if 40 years or older), marital or veteran status, sexual orientation or gender identity/expression, genetic information or disability.

## WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please read the entire form before you begin filling it out and answer all questions, indicating "None" where applicable. Answers should be typed, printed, or carefully written in ink so that they are clear and readable. Resumes will not be accepted in lieu of any information required on this form. This application must be completed in its entirety before any offer of employment may be considered.

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

How Did You Learn About Us? Advertisement\_\_\_\_ Friend\_\_\_\_ Walk-In\_\_\_\_ Employment Agency\_\_\_\_ Relative\_\_\_\_ Other \_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name First Name Middle Name Social Security Number

Address Number Street City State Zip Code

Telephone Number (\_\_\_\_)\_\_\_\_\_ How Long At Present Address \_\_\_\_/\_\_\_\_ (years/months)

\_\_\_\_\_  
Previous Address E-Mail Address (if applicable)

Have you ever filed an application with us before? Yes\_\_\_\_\_ No\_\_\_\_\_

*If yes, date given* \_\_\_\_\_

Have you ever been employed with us before? Yes\_\_\_\_\_ No\_\_\_\_\_

*If yes, give date* \_\_\_\_\_

Do we currently employ a member of your family or household? Yes\_\_\_\_\_ No\_\_\_\_\_

*If yes, give name* \_\_\_\_\_

Are you currently employed? Yes\_\_\_\_\_ No\_\_\_\_\_

May we contact your present employer? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (*Proof of citizenship, immigration status, or work authorization will be required upon employment*) Yes\_\_\_\_\_ No\_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full Time\_\_\_\_ Part Time\_\_\_\_ Temp.\_\_\_\_

Are you able to travel? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever been convicted of a criminal offense (other than minor traffic violations), or are you awaiting trial for a criminal offense? (*Answering "yes" will not necessarily disqualify an applicant from employment*) Yes\_\_\_\_\_ No\_\_\_\_\_

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest). Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate which results in a fine, sentence or probation.

If yes, please explain \_\_\_\_\_

(Please use Additional Space on page 4 if necessary)

# APPLICATION FOR EMPLOYMENT

---

---

## EDUCATION:

Elementary School Name: \_\_\_\_\_

Location: \_\_\_\_\_ Years Completed (*please circle*): 4 5 6 7 8

High School Name: \_\_\_\_\_

Location: \_\_\_\_\_ Years Completed (*please circle*): 9 10 11 12

College/Undergraduate School Name: \_\_\_\_\_

Location: \_\_\_\_\_ Years Completed (*please circle*): 1 2 3 4

Graduate/Professional School Name: \_\_\_\_\_

Location: \_\_\_\_\_ Years Completed (*please circle*): 1 2 3 4

Diploma/Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_

Describe Course of Study: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities: \_\_\_\_\_

Describe any honors you have received: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

Indicate any foreign languages you can speak, read and/or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. (*You may exclude memberships which would reveal sex, sexual orientation or gender identity/expression, race, religion, national origin, age, genetic information, disability or other protected status*)

Have you ever had any job-related training in the United States Military? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

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

## REFERENCES:

Give name, address and telephone number of three references who are not related to you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

## EMPLOYMENT EXPERIENCE

Start with your present or most recent job and list all employment for the last 10 years and explain all gaps in your employment, attaching additional sheets if necessary. (Do not substitute your resume for this information.) Include any job-related service assignments and volunteer activities. You may exclude volunteer organizations which indicate race, color, religion, gender, national origin, disability, sexual orientation or gender identity/expression, genetic information or other protected status.

Employer	Dates Employed From                  To	DESCRIPTION OF DUTIES
Address	Hourly Rate/Salary Starting                  Final	
Telephone Number(s)	Final Yearly Salary	
Job Title	Supervisor	
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation		
Explain:		

Employer	Dates Employed From                  To	DESCRIPTION OF DUTIES
Address	Hourly Rate/Salary Starting                  Final	
Telephone Number(s)	Final Yearly Salary	
Job Title	Supervisor	
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation		
Explain:		

Employer	Dates Employed From                  To	DESCRIPTION OF DUTIES
Address	Hourly Rate/Salary Starting                  Final	
Telephone Number(s)	Final Yearly Salary	
Job Title	Supervisor	
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation		
Explain:		

Employer	Dates Employed From                  To	DESCRIPTION OF DUTIES
Address	Hourly Rate/Salary Starting                  Final	
Telephone Number(s)	Final Yearly Salary	
Job Title	Supervisor	
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation		
Explain:		

(Please use Additional Space on page 4 if necessary)

Summarize special job-related skills and qualifications acquired from employment or other experience. \_\_\_\_\_

\_\_\_\_\_



# CERTIFICATION AND AGREEMENT

READ CAREFULLY BEFORE SIGNING  
I UNDERSTAND AND AGREE THAT:

1. Any misrepresentation or omission of facts in my application or any attachments to my application (including any resumes) may result in refusal of employment or if employed, termination from employment.
2. I understand and agree that any person authorized by the Company can at any time request that I submit to a search of my person, purses, and packages in my possession, or any locker, desk, computer, phone or files that may be assigned to me. I understand that my refusal to submit to such a search may result in termination. I hereby waive all claims for damages resulting from such examination.
3. I understand and agree that I may be required to take a pre-employment blood, urine, hair and/or other test to determine if I am currently using illegal drugs and/or abusing prescription drugs. If I am offered employment, I further understand that, at any time while at work, I may be required to take a blood, urine, hair and/or other test to determine if I am under the influence of alcohol and/or have drugs in my system. I also understand that, depending on the particular job position, I may be required to submit to a medical examination or inquiry after a conditional offer of employment, but prior to starting work. If I am employed by the Company, I understand that I may be required to submit to a medical examination or inquiry to determine my ability to perform the essential functions of my job, whether I am entitled to a reasonable accommodation and/or whether I pose a direct threat to myself or others. The tests, exams and inquiries discussed above, to the extent that they are to be performed by someone other than my personal physician, are at the Company's expense. I authorize any physician, including my personal physician, to release any information to the Company related to any such test, examination or inquiry and I agree to execute any necessary releases and authorizations for the Company to obtain such information. Failure to submit to such testing and/or provide the necessary releases and authorizations may result in the refusal of employment, including the withdrawal of an offer of employment, or, if employed, disciplinary action up to and including termination.
4. I further understand that the Company can, except as otherwise provided by law, change wages, benefits and/or working conditions in its sole discretion, and that I may be required to work overtime or on weekends, depending upon job requirements.
5. I UNDERSTAND THAT THE COMPANY MAY, FROM TIME TO TIME, ESTABLISH RULES, REGULATIONS, POLICIES AND/OR DISCIPLINARY PROCEDURES, SOME OF WHICH MAY BE REDUCED TO WRITING. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO ALL APPLICABLE RULES, REGULATIONS, POLICIES, AND/OR DISCIPLINARY PROCEDURES OF THE COMPANY AND/OR ANY DEPARTMENT THEREOF. I UNDERSTAND THAT THOSE RULES, REGULATIONS, POLICIES AND/OR DISCIPLINARY PROCEDURES ARE NOT INTENDED BY THE COMPANY TO CREATE AN OBLIGATION OF CONTINUED EMPLOYMENT.
6. I UNDERSTAND THAT THIS DOCUMENT IS AN APPLICATION FOR EMPLOYMENT AND CONTINUED EMPLOYMENT IS NOT BEING OFFERED. **I UNDERSTAND AND AGREE THAT MY EMPLOYMENT, BOTH DURING AND AFTER ANY INTRODUCTORY OR ORIENTATION PERIOD, IS FOR AN INDEFINITE PERIOD, AND THAT NOTHING IN THIS APPLICATION SHALL BE DEEMED TO CREATE ANY CONTRACT OF CONTINUED EMPLOYMENT BETWEEN ME AND THE COMPANY.** I FURTHER UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT WILL AT ANY TIME BY MYSELF OR THE COMPANY FOR ANY OR NO CAUSE. I UNDERSTAND THAT EMPLOYMENT BEYOND ANY INTRODUCTORY OR ORIENTATION PERIOD OR EMPLOYMENT FOR A NUMBER OF YEARS SHALL NOT RESULT IN ANY HEIGHTENED EXPECTATION OF CONTINUED EMPLOYMENT. I UNDERSTAND AND AGREE THAT ANY STATEMENTS TO THE CONTRARY, WHETHER ORAL OR WRITTEN, ARE EXPRESSLY DISAVOWED AND ARE NOT TO BE RELIED UPON BY ME. **I FURTHER UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO AN AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING EXCEPT IN A WRITTEN DOCUMENT SIGNED BY THE PRESIDENT OF THE COMPANY.**
7. It is my understanding that this application for employment will only remain active for thirty (30) days following the date of application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Arrange Interview: Yes _____ No _____
Remarks: _____ _____
Interviewer: _____