

### PLEASE READ BEFORE COMPLETING THIS APPLICATION

This company does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex (including pregnancy), marital status, disability, age, veteran status, genetic information, and any other status as protected by applicable law. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

(ANSWER ALL QUESTIONS COMPLETELY)

### PERSONAL DATA

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Telephone: Home \_\_\_\_ / \_\_\_\_  
(Street) (City) (State) (Zip)

Business \_\_\_\_ / \_\_\_\_

Are you 18 years of age, or over? Yes  No

Cell \_\_\_\_ / \_\_\_\_

Are you authorized to work in the United States? Yes  No

(If you are hired, you will be required to furnish proof of your employment eligibility) Email \_\_\_\_\_

Other names used in prior employment \_\_\_\_\_

### GENERAL INFORMATION

Applying for position as \_\_\_\_\_ Salary requirement \_\_\_\_\_  
 Full-Time  Part-Time  Temporary

Date available \_\_\_\_\_ Would you object to shift work? Yes  No

Have you previously applied for employment with our company? Yes  No

If so, when? \_\_\_\_\_ Type of position for which you applied \_\_\_\_\_

How were you referred to our company?

Employee  Advertisement  School  Drop in  Agency  Other

Name of referral source indicated above \_\_\_\_\_

Have you ever been convicted of or pled guilty, no contest or nolo contendere, or received deferred adjudication, pre-trial diversion or probation for any criminal offense (felony or misdemeanor), other than for a minor traffic violation (see "Convictions," page 4)? Yes  No  If yes, give dates and circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been involuntarily discharged from a position? Yes  No  If yes, give dates and circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

Would you agree to a pre-employment and/or post-employment drug screening by a physician, clinic or other health care provider selected by the company? Yes  No

# EMPLOYMENT

LIST ALL POSITIONS YOU HAVE HELD, BEGINNING WITH YOUR MOST RECENT. INCLUDE SELF-EMPLOYMENT AND VOLUNTEER WORK. ATTACH AN ADDITIONAL SHEET, IF NECESSARY.

Current, or last, employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Street address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ finish \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_/\_\_\_\_\_  
Name and title of immediate supervisor \_\_\_\_\_  
Your title \_\_\_\_\_  
Description of duties \_\_\_\_\_  
Reason(s) for terminating, or considering a change \_\_\_\_\_  
May we contact this employer while we are considering your application? Yes  No

---

Next previous employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Street address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ finish \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_/\_\_\_\_\_  
Name and title of immediate supervisor \_\_\_\_\_  
Your title \_\_\_\_\_  
Description of duties \_\_\_\_\_  
Reason(s) for terminating, or considering a change \_\_\_\_\_  
May we contact this employer while we are considering your application? Yes  No

---

Next previous employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Street address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ finish \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_/\_\_\_\_\_  
Name and title of immediate supervisor \_\_\_\_\_  
Your title \_\_\_\_\_  
Description of duties \_\_\_\_\_  
Reason(s) for terminating, or considering a change \_\_\_\_\_  
May we contact this employer while we are considering your application? Yes  No

---

Next previous employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Street address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ finish \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_/\_\_\_\_\_  
Name and title of immediate supervisor \_\_\_\_\_  
Your title \_\_\_\_\_  
Description of duties \_\_\_\_\_  
Reason(s) for terminating, or considering a change \_\_\_\_\_  
May we contact this employer while we are considering your application? Yes  No

## EMPLOYMENT (Continued)

Please explain any gaps in your employment history. Attach an additional sheet if necessary:

---



---



---

EDUCATION	PROVIDING NAME, CITY AND STATE FOR EACH SCHOOL LISTED	DATES	TYPE OF COURSE OR MAJOR	GRADUATE?	DEGREE RECEIVED
High School				Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
College		From _____		Yes <input type="checkbox"/>	
		To _____		No <input type="checkbox"/>	
College		From _____		Yes <input type="checkbox"/>	
		To _____		No <input type="checkbox"/>	
Other Education		From _____		Yes <input type="checkbox"/>	
		To _____		No <input type="checkbox"/>	
Other Education		From _____		Yes <input type="checkbox"/>	
		To _____		No <input type="checkbox"/>	

Are you presently in school? Yes  No  If yes, give expected completion date: \_\_\_\_\_

List courses you are taking \_\_\_\_\_

## SPECIAL SKILLS

List applicable professional or technical licenses/certifications relative to your ability to perform the functions of the position for which you are applying:

---



---

List awards, honorary positions or volunteer work relative to your ability to perform the functions of the position for which you are applying:

---



---

List equipment, machinery, software applications or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience:

---



---

## PERSONAL REFERENCES (Not Relatives or Employers)

NAME	ADDRESS AND PHONE NUMBER	FIRM NAME AND ADDRESS	KNOW IN WHAT CAPACITY	HOW LONG KNOWN

LIST BELOW THE NAMES OF RELATIVES EMPLOYED BY THIS COMPANY AND THEIR RELATIONSHIP TO YOU


**CONVICTIONS:** A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

### PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I authorize the company, its affiliates and their representatives to investigate all information given and to secure additional job-related information, if necessary. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. By applying, I also agree to an internet search.

I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact on my application, any other document, as well as verbal statements made, may be justification for refusal of employment, or if employed, dismissal without advance notice.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the company. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the company may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the company, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the company at the company's discretion.

I authorize the company to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and/or proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees.

I understand that, in the event I am employed by the company, I will be required to furnish proof of identity and legal authorization to work in the United States.

I also understand that my employment is conditional upon my satisfactorily passing a drug screening, if one is requested, to be given by a physician, clinic or other health care provider selected by the company.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept them as conditions of employment with the company.

Signature of Applicant

If completing online, please type your initials until it can be signed in person.