Standard Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

"Employer"				Position app	lying for					
PERSONAL DAT Name (last, first, middle							7.4. 7.			
Street Address and/or M	ailing Addres	SS	City		State		Zip			
Home Telephone Numb	er	-	Business Telephone Number			Cellular Telephone Number				
Date you can start work	:		Salary Desired			Do you have a High School Diploma or GED? Yes No				
POSITION INFO	- ··	N Check all that	you are willing to work	u .						
Hours: Full Time Part Time		Days Eveni	Swing Graveyard Weekends			Status: Regular Temporary				
Are you authorized to wo	ork in the U.S	on an unrestricted	basis?			Ye	es 🔲	No		
Have you ever been conv If yes, explain:	victed of a fel	ony? (Convictions v	vill not necessarily disqu	ialify an applicant	for employ	rment.) Ye	s 🗖	No		
Have you been told the e	ssential funct	ions of the job or ha	ive you been viewed a c	opy of the job des	cription list	ting the essential fun	ctions of the jo	b?		
Can you perform these es	ssential funct	ions of the job with	ccommodation?	Yes	☐ No			•		
QUALIFICATION degrees, vocational or tec	NS Please chnical progra	list any education or ms, and military tra	r training you feel relate: ining.	s to the position ar	plied for th	hat would help you p	erform the wo	rk, such as	schools, colleges,	
		School Name				Address/City/State				
School										
School						-				
Other										
SPECIAL SKILLS	List any spe	ecial skills or experie	ence that you feel would	l help you in the p	osition that	you are applying fo	r (leadership, o	rganization	s/teams, etc.	
		'A								
						•				
REFERENCES professional references, fl	Please list thr nen list person	ee professional refer nal, unrelated refere	rences not related to you	ı, with full name, a	ddress, ph	one number, and rel	ationship. If yo	ou don't ha	ve three	
Name			Address/City/State			Ph	one	Re	elationship	

A ST TO THE STATE OF THE STATE			ssary. (INCLUDE PAID AND UNPAID POSITIONS		
Job Title #1	Start Date (mo/day	/yr)	End Date (mo/day/yr)		
Company Name	Supervisor's Name		Phone Number		
City	State		Zip		
Duties:	<u> </u>				
Reason for Leaving	St	arting Salary	Ending Salary		
May we contact your present employer?	Yes 🗌	No N/A			
Job Title #2	Start Date (mo/day/	уг)	End Date (mo/day/yr)		
Company Name	Supervisor's Name		Phone Number		
City	State		Zip		
Duties:					
Reason for Leaving	Sta	arting Salary	Ending Salary		
Job Title #3	Start Date (mo/day/yr)		End Date (mo/day/yr)		
Company Name	Supervisor's Name		Phone Number		
City	State		Zip		
Outies:		<u>.</u>			
Reason for Leaving	Sta	rting Salary	Ending Salary		
Job Title #4	Start Date (mo/day/	/r)	End Date (mo/day/yr)		
Company Name	Supervisor's Name		Phone Number		
City	State		Zip		
	l				
Duties:					
Outies: Reason for Leaving	Sta	rting Salary	Ending Salary		
	Employment are true a ay result in my dismissa liability. The employer n "at will" employer. T	nd complete to the best al. I authorize the Emplo may contact any listed herefore, any employee	of my knowledge. I understand that if I am over to make an investigation of any of the facts references on this application.		