

Application for Employment

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other legally protected status. It is our intention that all qualified applicants be equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully ar answered. In reading and answ or discrimination based on non-	ering the following que	estions, be aware that		until all questions have been re intended to imply illegal preference.		
Position Applied for			Today's Date			
Are you seeking: Fu	ll-time Part-ti	ime 🗌 Tempora	ary			
When can you start wor	·k?		Desired Sala	ary?		
Last Name	First Name		MI			
Present Street Address		City/State	Zip Code			
Present Mailing Address		above				
E-mail address:						
Phone Number:		_ Message P	hone Number:			
Are you 18 years of age (If you are hired you ma	y be required to s	submit proof of	age.)			
Have you ever applied h Were you ever employe						
Do any of your friends of				.o. xx		
				oyment?Yes No		
Do you have a valid Cal receive one?			Yes No If	no, when do you expect to		
For Driving Jobs Only:	Driver's License	Number		ss of License		
Have you ever had your	driver's license s	suspended or rev	voked in the last 3	years?Yes No		

If ye	es, give details:			
membe	rofessional, trade, business, or civic activities and offerships which reveal race, color, religion, national or	igin, sex, age, di	sability or ot	ther protected
List na	ame and address of schools:	Number of Years Completed	Diploma/ Degree	Subjects Studied
High S	School or GED:	-		
	ge or University:			
_	ional or Technical:			
What s	skills or additional training do you have that are relate	3	•	re applying?
What 1	machines or equipment can you operate that are relate	ed to the job for	which you a	re applying?
State a	any other additional information you feel may be help	oful to us in cons	sidering your	application.
Are yo	ou capable of performing in a reasonable manner, wit	h or without a re	easonable acc	commodation,
	tivities involved in the job or occupation for which yo			No
Refere	ences:			
1.	Nama	Dlagar		
	Name	Phon	ie	
	Address			
2.	Redicis			
	Name	Phor	ne	
_	Address			
3.	Nama	T)I		
	Name	Phon	ie	
	Address			

EMPLOYMENT EXPERIENCE-Must be completed.

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Veteran's Credit Applicable.

Employer	Dates Employed		Work Performed
Address	Start	End	
Telephone Number(s)			
Job Title	Supervisor		
Reason for leaving			
Employer	Dates Employed		Work Performed
Address	Start	End	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving	I		
Employer	Dates Employed		Work Performed
Address	Start	End	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving	I		
Employer	Dates Employed		Work Performed
Address	Start	End	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving	I		
Employer	Dates Employed		Work Performed
Address	Start	End	
Telephone Number(s)			
Job Title	Supervisor	1	
Reason for Leaving			

Please read each statement carefully before signing.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me form further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, Investigative Consumer Reports, driving record and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation form all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand that I may be required to successfully pass a drug-screening. I hereby consent to pre- and/ post-employment drug screen and physical examination (where applicable) as a condition of my employment, if required.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time.

I have read	, understand, and by my signature consent to these statements.
Signature:	Date:
	This application for employment will remain active for 6 months Unless otherwise specified by the HR Manager.

Revised: November 2024