Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for			Date of App	olication		
Name LAST	FIRST	MIDDLE	Social Secur	rity #		
Address STREET			CITY		STATE	ZIP CODE
Telephone #	Alternative Ph	one #	Email	Address		
If you are under 18, and it is required If no, please explain:	· ·	1	No Yes			
Have you ever been employed here t			ease give date and po	osition(s):		
Date available for work:	Wha	t is your desired sa	lary range? \$		_	
Type of employment desired:	Full-Time	Part-Time	Temporary	Seasonal	Educati	ional Co-Op
Are you able to meet the attendance	requirements of the p	osition? No	Yes			
Are you legally eligible for employn	nent in this country?	No Y	es			

Employment History

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent

FROM TO	EMPLOYER	TELEPHONE #
STARTING JOB TITLE/FINAL JOB TITLE	ADDRESS	•
IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR A REFERENCE? YES NO LATER		
REASON FOR LEAVING	HOURLY RATE/SALARY HOURLY RATE/SALARY START \$ PER FINAL \$ FINAL \$	PER
FROM TO	EMPLOYER	TELEPHONE #
STARTING JOB TITLE/FINAL JOB TITLE	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR A REFERENCE? YES NO LATER		
REASON FOR LEAVING	HOURLY RATE/SALARY HOURLY RATE/SALARY START \$PER FINAL \$	PER
FROM TO	EMPLOYER	TELEPHONE #
STARTING JOB TITLE/FINAL JOB TITLE	ADDRESS	·
IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR A REFERENCE? YES NO LATER		
REASON FOR LEAVING	HOURLY RATE/SALARY HOURLY RATE/SALARY START \$PER FINAL \$	PER
FROM TO	EMPLOYER	TELEPHONE #
STARTING JOB TITLE/FINAL JOB TITLE	ADDRESS	·
IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR A REFERENCE? YES NO LATER		
REASON FOR LEAVING	HOURLY RATE/SALARY HOURLY RATE/SALARY START \$PER FINAL \$	PER

EQUAL OPPORTUNITY EMPLOYER

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

HIGHEST LEVEL OF EDUCATION COMPLETED: High School College

Other:

NAME OF EDUCATIONAL INSTITUTION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY

References		
NAME	TELEPHONE #	NUMBER OF YEARS KNOWN

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

This application does not constitute a contract of employment. If I am hired, I understand that at all times during the employment, I would be considered an employee at-will, which means that either I or the Company may terminate the relationship at any time, for any reason, with or without cause.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date