

# APPLICATION FOR EMPLOYMENT

A clear understanding of your background and work history will help us to evaluate your qualifications for employment. Please print and answer each question completely.

## PERSONAL

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NO.	DATE
PERMANENT ADDRESS			CITY/STATE/ZIP	TELEPHONE
ARE YOU LESS THAN 18 YEARS OF AGE? IF YES, A WORK PERMIT MAY BE REQUIRED. <input type="checkbox"/> YES <input type="checkbox"/> NO		IF HIRED, CAN YOU PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER NAME(S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED OR ATTENDED SCHOOL.
NAME OF FRIEND OR RELATIVES EMPLOYED IN THIS ORGANIZATION. *				
HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DATE AND POSITION APPLIED FOR.		
HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DATES OF EMPLOYMENT.	ARE YOU AVAILABLE TO WORK OVERTIME, OR A FLEXIBLE WORK SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EXCEPT FOR OFFENSES PERTAINING TO MARIJUANA MORE THAN TWO YEARS AGO, HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR, OR ARE YOU OUT ON BAIL OR ON YOUR OWN RECOGNIZANCE PENDING TRIAL FOR SUCH AN OFFENSE? ** <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, STATE LOCATION, DATE AND DESCRIPTION. (AN AFFIRMATIVE RESPONSE OR A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM THE POSITION FOR WHICH YOU HAVE APPLIED.)				
DRIVING JOBS ONLY: HAS YOUR DRIVER'S LICENSE BEEN REVOKED OR SUSPENDED IN THE LAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO			DRIVER'S LICENSE NO.	CLASS
HAVE YOU EVER BEEN BONDED IN PRIOR EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, LIST NAME(S) OF EMPLOYER(S).		
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN? IF YES, PLEASE BRIEFLY EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO				
IN CASE OF EMERGENCY NOTIFY: NAME		ADDRESS		TELEPHONE

## EMPLOYMENT INTERESTS

POSITION DESIRED OR AREA OF INTEREST.	SECOND CHOICE	DATE AVAILABLE	PAY EXPECTED
TYPE OF EMPLOYMENT YOU ARE SEEKING. <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP <input type="checkbox"/> SUMMER		SHIFTS YOU CAN WORK. <input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> NIGHT	
HOW WERE YOU REFERRED TO OUR ORGANIZATION? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> OTHER COMPANY <input type="checkbox"/> AGENCY <input type="checkbox"/> EMPLOYMENT SERVICE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SCHOOL <input type="checkbox"/> SELF <input type="checkbox"/> OTHER		NAME OF REFERRAL SOURCE:	

## EDUCATION / SKILLS / AWARDS

NAME AND ADDRESS OF SCHOOL OR INSTITUTION	MAJOR	UNITS COMPLETED AND GRADE AVERAGE	DEGREES AND/OR DIPLOMAS
HIGH SCHOOL			
COLLEGE			
COLLEGE			
OTHER			
HONORS OR AWARDS RECEIVED	PROFESSIONAL CERTIFICATES OR LICENSES HELD	ARE YOU TAKING ANY EDUCATIONAL COURSE PRESENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHAT COURSE AND WHERE?			

## ADDITIONAL INFORMATION

IN THE SPACE BELOW, PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL WILL ASSIST US IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT, INCLUDING TECHNICAL TRAINING/EDUCATION (INCLUDING SKILLS ACQUIRED IN ANY MILITARY SERVICE), COMMUNITY AFFILIATIONS, PROFESSIONAL REGISTRATIONS, MEMBERSHIPS AND SCHOLASTIC AWARDS, HONORS OR SPECIAL SKILLS. (YOU MAY EXCLUDE AFFILIATIONS THAT MAY INDICATE RACE, COLOR, ANCESTRY, SEX, SEXUAL ORIENTATION, DISABILITY, RELIGION, AGE, NATIONAL ORIGIN OR ANY OTHER PROTECTED CLASSIFICATION.)

\* A marital relationship with a current employee will not necessarily disqualify you from the position for which you have applied unless your employment will place you in a position under the direct supervision, directly supervising your spouse, in the same department as your spouse, or a position raising security, morale or conflict-of-interest issues such as payroll, security or human resources.

\*\* A conviction includes a plea, verdict or finding of guilt, regardless of whether sentence was imposed by the court. (You may exclude those convictions which have been judicially sealed, expunged or statutorily eradicated. You may also exclude a misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.)

(Continued on reverse side)

# APPLICATION FOR EMPLOYMENT (Continued)

## REFERENCES

LIST PEOPLE WE MAY CONTACT WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES. DO NOT INCLUDE RELATIVES.

NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE	OCCUPATION	YEARS KNOWN

## EMPLOYMENT HISTORY

GIVE EMPLOYEE RECORD, LISTING CURRENT OR MOST RECENT EMPLOYER FIRST. SHOW UNEMPLOYED OR SELF-EMPLOYED PERIODS AND INDICATE DATES AND COMMENT ON EACH PERIOD. INCLUDE PART-TIME OR SUMMER WORK. YOU MAY USE EXTRA SHEETS FOR ADDITIONAL INFORMATION. A RESUME MAY BE USED TO SUPPLEMENT (BUT NOT REPLACE) THIS INFORMATION.

COMPANY NAME (CURRENT OR LAST)	TELEPHONE	JOB TITLE	DATES EMPLOYED (MONTH/YEAR) FROM:                      TO:
ADDRESS	CITY/STATE/ZIP	TYPE OF BUSINESS	BASE RATE OF PAY (HR./WEEK/MO.) START:                      END:
SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

DESCRIPTION OF DUTIES

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COMPANY NAME (CURRENT OR LAST)	TELEPHONE	JOB TITLE	DATES EMPLOYED (MONTH/YEAR) FROM:                      TO:
ADDRESS	CITY/STATE/ZIP	TYPE OF BUSINESS	BASE RATE OF PAY (HR./WEEK/MO.) START:                      END:
SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

DESCRIPTION OF DUTIES

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COMPANY NAME (CURRENT OR LAST)	TELEPHONE	JOB TITLE	DATES EMPLOYED (MONTH/YEAR) FROM:                      TO:
ADDRESS	CITY/STATE/ZIP	TYPE OF BUSINESS	BASE RATE OF PAY (HR./WEEK/MO.) START:                      END:
SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

DESCRIPTION OF DUTIES

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## ACKNOWLEDGEMENT

1. I understand that any offer of employment regarding certain job positions may be conditioned on satisfactory completion of a medical examination and/or a drug and alcohol screen. I agree to sign a release of medical information authorization form and to submit to a medical examination and/or drug and alcohol screen should the Company condition my offer of employment upon successful completion of such an examination or screening.
2. I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any misrepresentation, falsification or omission of information may result in the denial of employment or, if hired, may result in termination.
3. I authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have.
4. **I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT, HAVING NO SPECIFIC TERM, IS BASED UPON MUTUAL CONSENT AND MAY BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE OR NOTICE, BY EITHER PARTY (THE COMPANY OR ME). I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT, WHICH INCLUDES THE COMPANY'S RIGHT TO DEMOTE OR OTHERWISE DISCIPLINE WITH OR WITHOUT CAUSE OR NOTICE, MAY NOT BE CHANGED, MODIFIED, AMENDED**

**OR RESCINDED EXCEPT BY AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.**

5. Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to the Company, or its products, customers, employees, plans or procedures. I agree to deliver to the Company any and all copies of confidential information, or other Company property, upon termination of the employment relationship or at any time upon the Company's request. I also agree not to solicit clients or employees of the Organization either during my employment or after my employment termination.
6. I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above supersede and replace any prior understandings or discussions I have had with the Company and set forth the complete agreement between me and the Company regarding these matters.

SIGNATURE

DATE