

DATE _____
 COMPLETED _____

EMPLOYMENT APPLICATION



In compliance with Federal and State equal opportunity laws, qualified applicants are considered for employment without regard to race, color, religion, national origin, marital status, veteran status or disability, which, with or without a reasonable accommodation, would not prevent an applicant from performing all of the essential functions of the relevant job.

Instructions: Resumes will not be accepted in place of an application
 Please complete the entire application form. Incomplete or illegible applications will not be processed
 Be specific on the position(s) for which you are applying
 Provide complete information on your education and work history ("**See Resume**" is not acceptable)
 Please do not give any information that is not requested
 Sign and date your application

PERSONAL INFORMATION

NAME (Last)	(First)	(Middle Initial)	
STREET ADDRESS			
CITY	STATE	ZIP CODE	
HOME PHONE NUMBER	WORK PHONE NUMBER		
CELL PHONE NUMBER	E-MAIL ADDRESS		
DRIVER'S LICENCE NUMBER (IF POSITION INVOLVES DRIVING)	STATE	EXPIRATION DATE	

EMPLOYMENT DESIRED

POSITION(S) APPLIED FOR			
LOCATION	DATE AVAILABLE FOR WORK		
DESIRED WORK SCHEDULE (FULL TIME, PART TIME, SEASONAL, APPRENTICESHIP)	WAGE OR SALARY DESIRED		
HOW DID YOU HEAR ABOUT THE POSITION?			

EDUCATION

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	TOTAL YEARS OF STUDY	DEGREE/ DIPLOMA
HIGH SCHOOL				
UNDERGRADUATE COLLEGE / TRADE SCHOOL				
GRADUATE / PROFESSIONAL				
OTHER (PLEASE SPECIFY)				

Applicant Name: _____

Employment History - Begin with the most recent first

EMPLOYER		POSITION HELD					
STREET ADDRESS		START DATE				END DATE	
CITY		STATE		ZIP CODE		SALARY / HOURLY RATE	
LIST MAJOR DUTIES							
SUPERVISOR'S NAME		PHONE NO.				REASON FOR LEAVING	

EMPLOYER		POSITION HELD					
STREET ADDRESS		START DATE				END DATE	
CITY		STATE		ZIP CODE		SALARY / HOURLY RATE	
LIST MAJOR DUTIES							
SUPERVISOR'S NAME		PHONE NO.				REASON FOR LEAVING	

EMPLOYER		POSITION HELD					
STREET ADDRESS		START DATE				END DATE	
CITY		STATE		ZIP CODE		SALARY / HOURLY RATE	
LIST MAJOR DUTIES							
SUPERVISOR'S NAME		PHONE NO.				REASON FOR LEAVING	

EMPLOYER		POSITION HELD					
STREET ADDRESS		START DATE				END DATE	
CITY		STATE		ZIP CODE		SALARY / HOURLY RATE	
LIST MAJOR DUTIES							
SUPERVISOR'S NAME		PHONE NO.				REASON FOR LEAVING	

Applicant Name: _____

EMPLOYMENT HISTORY - CONTINUED							
EMPLOYER				POSITION HELD			
STREET ADDRESS				START DATE			END DATE
CITY				STATE		ZIP CODE	SALARY / HOURLY RATE
LIST MAJOR DUTIES							
SUPERVISOR'S NAME			PHONE NO.			REASON FOR LEAVING	

ADDRESS INFORMATION							
LIST THE ADDRESS OF ALL RESIDENCES FOR THE PAST THREE (3) YEARS							
STREET ADDRESS				CITY		STATE	ZIP CODE
STREET ADDRESS				CITY		STATE	ZIP CODE
STREET ADDRESS				CITY		STATE	ZIP CODE

ADDITIONAL INFORMATION		
	<i>Please check the appropriate box</i>	
	YES	NO
HAVE YOU EVER BEEN EMPLOYED WITH THIS COMPANY BEFORE?		
DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY THIS COMPANY? IF "YES", PLEASE NOTE THEIR NAME AND THEIR RELATIONSHIP TO YOU:		
ARE YOU CURRENTLY EMPLOYED?		
MAY WE CONTACT YOUR CURRENT EMPLOYER?		
ARE YOU CURRENTLY ON "LAY OFF" STATUS AND <u>SUBJECT TO RECALL</u> ?		
IF YOU ARE UNDER THE AGE OF 18, CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK?		
IF HIRED, CAN YOU PROVIDE PROOF OF U.S. CITIZENSHIP AND PROOF OF YOUR LEGAL RIGHT TO WORK IN THE U.S.?		
DO YOU OR WILL YOU IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS (E.G. H-1B VISA STATUS)?		
ARE YOU ABLE TO PERFORM ALL THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATIONS?		
IF DRIVING IS A REQUIREMENT OF THE POSITION FOR WHICH YOU HAVE APPLIED, HAVE YOU BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE (DUI) IN THE LAST 7 YEARS?		
IF HIRED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK?		
IF HIRED, WOULD YOU BE ABLE TO TRAVEL AS NEEDED?		
IF HIRED, WOULD YOU BE WILLING TO WORK OVERTIME AS NEEDED?		
IF HIRED, WOULD YOU BE WILLING TO WORK WEEKENDS AS NEEDED?		

Applicant Name: _____

TRAINING AND JOB SKILLS - <i>Indicate the specific job skills and training you may have received that would apply</i>	
IDENTIFY FORMAL JOB TRAINING THAT RELATES TO THIS POSITION	
IDENTIFY SKILLS OR CERTIFICATIONS YOU POSSESS THAT APPLY TO THIS POSITION	
IF HIRED, WHAT VALUE WOULD YOU BRING TO THE COMPANY?	
DESCRIBE WHAT YOU THINK ARE THE MOST UNIQUE FEATURES OF YOUR WORK HISTORY	

Please respond to the following questions in the most complete and accurate manner possible. Do not identify convictions for convictions for which the criminal record has been expunged or sealed by the court or, misdemeanor convictions for which any probation has been completed and the case dismissed by the court. Furthermore, please note that no applicant will be denied employment solely on the grounds that they have been charged, committed, or convicted of (or pleaded guilty or no contest in) a criminal offense, or solely on an affirmative answer. The nature, date, surrounding circumstances and relevance of the offense to the position(s) applied for will be considered. A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

QUESTION	YES	NO
Have you ever, under your name or another name, been convicted of, or pleaded no contest to a felony or misdemeanor?		
Have you ever, under your name or another name, been convicted of a crime, which resulted in your being in prison and/or in jail and released from prison and/or jail or paroled?		
If you answered yes to either of the above two questions, please explain here		
Are you currently under arrest, or released on bond on your own recognizance, pending trial for a criminal offense?		
If you answered yes to the above question, please explain here		

REFERENCES

WORK

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer related

NAME	COMPANY	POSITION	RELATIONSHIP	TELEPHONE #	E-MAIL ADDRESS

PERSONAL

Please list the names of any personal references (not previous employers or relatives), who know you well that we may contact

NAME	RELATIONSHIP	TELEPHONE #	E-MAIL ADDRESS

Applicant Name: _____

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume, or any supporting documents I may present during and interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT - EXPRESS OR IMPLIED - WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature

Date

_____ / _____ / _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date