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 classification.

| Name: | | Date: | | | |
|------------------|---|-----------------------|---------------------------|---------------------|--|
| Address: | | | | | |
| Str | reet city | state | - | | |
| Telephone # (|) | _ Are you over 18 | years old? | □ Yes □ No | |
| Are you authori | zed to work in the U.S. on an | unrestricted basis? | \square Yes \square N | No. | |
| How did you lea | arn of this opening? | | | | |
| Have you work | ed here before? ☐ Yes ☐ No | | | | |
| • | told the essential functions of the essential functions of the | • | | n a copy of the jol | |
| Can you perform | n these essential functions wit | th/without reasonal | ole accomm | odation?□ Yes □ | |
| Are there any he | ours, shifts or days you cannot | t or will not work? | | | |
| Shift preferred: | Part-1 | time: Fı | ıll-time: | | |
| Are you willing | to work overtime as required | ? □ Yes □ No | | | |
| Education | Name & Location of Scho | ool Year Graduated | Major | Diploma/ Degree | |
| High School | - | Graduated | | Degree | |
| College/ | | | | | |
| University | | | | | |
| College/ | | | | | |
| University | Education | | | | |
| Other Training/ | Education | | | | |
| - | our work history (reverse side) y fit you for work with our co | _ | iences, skill | s or qualifications | |
| Positions applie | ed for 1) | 2) | | | |
| Wage or salary | desired? \$ W Hourly rate | When can you start? | | | |

May we contact your present employer? \square Yes \square No

WORK HISTORY

(Revised 3/5/2020)

| Most Recent Employer:_ | | Address: | | | | |
|--|-------------------------|---|--|--|--|--|
| | Teleph | none #: | | | | |
| Date Started: | Starting Salary:\$ | Per: | | | | |
| Starting Position: | | | | | | |
| Date Left: | _ Salary on Leaving: \$ | Per: | | | | |
| Position on Leaving: | | | | | | |
| Position on Leaving: Name and Title of Supervisor: | | | | | | |
| Description of Duties: | | | | | | |
| Reason for Leaving: | | | | | | |
| | | | | | | |
| Previous Employer: Address: | | | | | | |
| Telephone #: | | | | | | |
| Date Started: | _ Starting Salary:\$ | Per: | | | | |
| Starting Position: | | | | | | |
| | | Per: | | | | |
| Position on Leaving: | | | | | | |
| Name and Title of Supervisor: | | | | | | |
| Description of Duties: | | | | | | |
| Reason for Leaving: | | | | | | |
| D : D 1 | | | | | | |
| | | Address: | | | | |
| D . G 1 | Teleph | one #: Per: | | | | |
| | | Per: | | | | |
| Starting Position: | G 1 T : ф | | | | | |
| | | Per: | | | | |
| Position on Leaving: | | | | | | |
| Name and Title of Superv | /1SOr: | | | | | |
| Description of Duties: | | | | | | |
| Reason for Leaving: | | | | | | |
| r= . | | Address: | | | | |
| Previous Employer: | | | | | | |
| | Teleph | none #: | | | | |
| | | Per: | | | | |
| Starting Position: | | | | | | |
| Date Left: | _ Salary on Leaving: \$ | Per: | | | | |
| Position on Leaving: | | | | | | |
| Name and Title of Supervisor: | | | | | | |
| Description of Duties: | | | | | | |
| Reason for Leaving: | | | | | | |
| Applicant's Certification and Agreement | | | | | | |
| I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application. | | | | | | |
| this application. I understand that employment at this Company is "at-will," which means that either I or the Company car terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no manager or | | | | | | |
| | | a signed writing has any authority to alter the | | | | |
| Date: A ₁ | oplicant's Signature: | | | | | |