

**APPLICATION FOR EMPLOYMENT**

**Please answer all questions.**

We are an equal opportunity employer. Applicants are considered for position without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

Position Applied For \_\_\_\_\_ Name \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate or Cellular Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Present Address \_\_\_\_\_ How long have you lived there \_\_\_\_\_ / \_\_\_\_\_  
 Street, Apt. or Unit No./City/State/Zip Years Months

Previous Address \_\_\_\_\_ How long have you lived there \_\_\_\_\_ / \_\_\_\_\_  
 Street, Apt. or Unit No./City/State/Zip Years Months

Desired Salary/Hourly Rate \_\_\_\_\_ Type of employment desired? Full-time  Part-time  (Specify Hours) \_\_\_\_\_

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes  No

Are you willing to work overtime? Yes  No  Date on which you can start work if hired \_\_\_\_\_

Have you previously applied for employment with this Company? Yes  No

If Yes, when and where did you apply? \_\_\_\_\_

Have you ever been employed by this Company? Yes  No  If Yes, provide dates of employment, location, and reason for separation from employment. \_\_\_\_\_

How did you hear about this job offering? \_\_\_\_\_

**INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS:**

Do not include misdemeanor marijuana-related convictions that are more than two (2) years old or misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.

Do not include convictions that were sealed, eradicated, erased, annulled by a court or expunged, or convictions that resulted in referral to a diversion program.

Have you ever pleaded guilty or no contest to, or been convicted of any criminal offense other than the applicable exceptions listed above?

Yes  No

Have you ever been arrested for any matters for which you are out on bail or on your own recognizance pending trial? Yes  No

CRIMINAL OFFENSES ONLY: If you answered Yes to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered. \_\_\_\_\_

***Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, whether the conviction(s) substantially relates to the position's functions and qualifications, the frequency of convictions, the applicant's age at the time of conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicant's entire work and educational history, and employment references and recommendations.***

List all special technical skills that you feel qualify you for the job for which you are applying (e.g., computer programming/language, software, equipment operation, special tools or machines, etc.)

EDUCATION	SCHOOL NAME / LOCATION	COURSE OF STUDY	GRADUATION	# OF YEARS COMPLETED	DEGREE / MAJOR
High School					
College					
Bus./Tech./Trade					

Honors Received \_\_\_\_\_

Work Experience: Please list the names of your present or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for future consideration for employment.

**Employer**

\_\_\_\_\_  
 Name Address Type of Business  
 Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ May we contact? Yes  No  If No, why not? \_\_\_\_\_  
 Wages: Start \_\_\_\_\_ Final \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

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\_\_\_\_\_  
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 Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
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 Wages: Start \_\_\_\_\_ Final \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

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

NAME	POSITION	COMPANY	WORK RELATIONSHIP (e.g. supervisor, co-worker)	TELEPHONE

**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 and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

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, non-compete, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any 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.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking

and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigations.

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.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT FOR A DEFINITE TERM. I ACKNOWLEDGE THAT IF HIRED BY THE COMPANY, EMPLOYMENT IS ON AN AT-WILL BASIS IN ACCORDANCE WITH STATE LAW. THIS MEANS THE COMPANY IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH THE COMPANY AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY AND ME. 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 OR ITS ARBITRATION POLICY, IF ANY.

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 THAT 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.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date