



Application for Employment

Equal access to programs, services, and employment is available to all persons. Applicants requiring reasoning accommodation to the application and/or interview process should contact the hiring representative. We are an equal opportunity employer and do not discriminate in any aspect of employment on the basis of race, color, religion, gender, age, national origin, disability, citizenship status, veteran status, or any other legally protected status in accordance with the requirements of federal, state, and local law.

Employment Eligibility

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

***IF YES, PLEASE EXPLAIN:** _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

Previous Employment

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

References

Provide the information requested below for at least three persons who are knowledgeable of your work habits. Do not list relatives or friends.

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

NOTICE: Title 15 of the U.S. Code, Section 1681 and following, require that we advise you that a routine inquiry may be which will provide appropriate information regarding character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that this application will be accepted by the Company subject to the following conditions:

1. I hereby authorize organization representatives to conduct a complete background investigate including, but not limited to, the release of the following information: employment, criminal, military, medical, and credit history. I voluntarily waive all rights to recourse and release any employer, law enforcement agency, credit bureau, health care provider, or insurance firm from liability for compliance with this authorization. I hereby release the Company and agents and all persons, agencies, and entitles providing information or reports about me from any and all liability arising out of the requests for or release of any information or reports.
2. The Organization maintains a drug-free workplace and therefore strictly prohibits the illegal manufacture, distribution, possession, use and resulting impairment, including being under the influence, of drugs or controlled substances on Company premises or while conducting business. I consent to take any drug/alcohol test may be required by the Organization.
3. If employed, I agree to comply with all facility rules and to wear or use protective clothing or equipment as required by the Company.
4. I hereby agree that, if employed, I will not divulge any information that is confidential to this Organization or any of its subsidiaries or affiliates while employed or at any time thereafter.
5. I understand the Organization is not obligated to hire me. If any employment relationship is established, I understand that I retain the right to terminate my employment at any time and that the Organization retains a similar right.
6. I understand the Company, at its sole discretion, may alter, amend, or eliminate its existing employment policies, procedures, practices, compensation systems, and other privileges and benefits of employment at any time, with or without notice (except where notice is required by law).
7. I understand that statements contained in policies, practices, handbooks and other material do not created any guarantee of employment. I understand that I may rely on statements to the contrary only if they are in writing and signed by an authorized official of the Organization.
8. The Organization will consider your completed and signed application active 30 days.
9. My signature below certifies that the information contained in this application is correct to the best of my knowledge, that any misstatement or omission in this application, including any supplemental information as a result of the selection and hiring process, is sufficient grounds for not hiring me or for immediate dismissal, and that I have read and understand the above information.

APPLICANT'S SIGNATURE

DATE
