

PLEASE ANSWER ALL QUESTIONS COMPLETELY, EVEN IF YOU PROVIDED A RESUME.



EMPLOYMENT APPLICATION

DATE OF APPLICATION	POSITION DESIRED	WHEN CAN YOU START?	SALARY EXPECTATION
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PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
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HOME PHONE NUMBER () ()	CELL PHONE NUMBER () ()	EMAIL ADDRESS
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HOME ADDRESS (Provide only if this is the best way to contact you.)

HOW WERE YOU REFERRED TO THE COMPANY?	HAVE YOU WORKED FOR THE COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE RELATIVES WORKING FOR THE COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST RELATIVE(S) JOB TITLE(S)
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DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU PRESENT PROOF OF YOUR LEGAL RIGHT TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If hired, proof of lawful right to work in the US will be required.)</i>	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SCHEDULING AND AVAILABILITY FOR WORK

<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME _____ hours/week <input type="checkbox"/> TEMPORARY available through _____	DO YOU HAVE A PREFERRED WORK SCHEDULE? IF YES, PLEASE STATE:
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EDUCATION

SCHOOL NAME & LOCATION	DATES ATTENDED	GRADES/YEARS COMPLETED	MAJOR/DEGREE	GRADUATED
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

MILITARY

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH	FINAL RANK	RELEVANT SKILLS ACQUIRED
If yes, provide the following:			

ADDITIONAL INFORMATION (AN AFFIRMATIVE ANSWER TO THESE QUESTIONS MAY NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.)

HAVE YOU USED ANY NAME OTHER THAN THE NAME YOU ARE CURRENTLY USING WHILE ATTENDING SCHOOL OR WITH A PREVIOUS EMPLOYER? IF YES, LIST THE NAME(S) YOU USED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
AS AN EMPLOYEE, HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED, ASKED TO RESIGN, OR RESIGNED PENDING INVESTIGATION OR DISCIPLINARY ACTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU UNDERGO A PRE-EMPLOYMENT BACKGROUND CHECK?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU UNDERGO A PRE-EMPLOYMENT DRUG AND/OR ALCOHOL SCREENING OR PRE-EMPLOYMENT PHYSICAL?	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY, EVEN IF YOU PROVIDED A RESUME.

LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS, STARTING WITH THE MOST RECENT EMPLOYMENT. FOR ADDITIONAL EMPLOYMENT HISTORY OR EXPLANATIONS, ATTACH A SEPARATE SHEET OF PAPER. MA APPLICANTS MAY INCLUDE THEIR EXPERIENCE AS A VOLUNTEER.

EMPLOYER NAME	DATES OF EMPLOYMENT
EMPLOYER ADDRESS	
TITLE AND SUMMARY OF YOUR DUTIES	
SUPERVISOR'S NAME & PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER NAME	DATES OF EMPLOYMENT
EMPLOYER ADDRESS	
TITLE AND SUMMARY OF YOUR DUTIES	
SUPERVISOR'S NAME & PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER NAME	DATES OF EMPLOYMENT
EMPLOYER ADDRESS	
TITLE AND SUMMARY OF YOUR DUTIES	
SUPERVISOR'S NAME & PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

PROFESSIONAL REFERENCES (LIST THREE PEOPLE NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS.)

NAME	HOW DO YOU KNOW THIS PERSON?	PHONE NUMBER	YEARS KNOWN

AFFIDAVIT (PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.)

I certify that all information that I provided and will provide in connection with my application for employment are true and complete. I agree to have any of the statements verified by the Company unless indicated to the contrary. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.	INITIAL
I am aware that a more detailed investigation concerning background and credit may also be conducted upon a conditional offer of employment, I hereby authorize that investigation. I also understand that employment is conditional upon satisfactory completion of background and reference checks and the provision of satisfactory proof of my identity and legal authority to work in the US.	INITIAL
I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a pre-employment alcohol and drug screening. I understand that my job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.	INITIAL
I understand that nothing in this application, conveyed during any interview, or subsequent employment creates a contract of employment between the Company or any subsidiary or affiliate and myself, nor guarantees employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause or notice by either myself or the Company. I understand that the Company can change benefits, policies and conditions at any time.	INITIAL
I understand that any and all disputes regarding my employment with the Company, including any disputes relating to the termination of my employment, are subject to the Company's alternative dispute resolution process, which includes final and binding arbitration. I also understand and agree, as a condition of employment, to submit any such disputes for resolution under that process, and I further agree to abide by and accept the decision of the arbitration panel as the final binding decision and resolution of any such disputes I may have.	INITIAL
I understand that the Company may be required to participate in E-Verify. If so, the Company will provide the federal government with my Form I-9 information to confirm that I am authorized to work in the U.S. If E-Verify cannot confirm that I am authorized to work, the Company is required to give me written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so I can begin to resolve the issue before the Company can take any action against me, including terminating my employment. The Company can only use E-Verify once I have accepted a job offer and completed the Form I-9.	INITIAL
I HAVE READ, UNDERSTAND, AND BY MY SIGNATURE CONSENT TO THESE STATEMENTS.	
Signature:	Date: