

We are an Equal Opportunity Employer. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY

POSITION(S) APPLIED FOR		DATE OF APPLICATION	
LAST NAME		FIRST NAME, MIDDLE INITIAL	
ADDRESS		CITY	STATE ZIP
SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER	
TELEPHONE		EMAIL ADDRESS	CELL PHONE NUMBER
DATE AVAILABLE TO START	WAGE DESIRED	EMPLOYMENT TYPE (Circle one) FULL-TIME PART-TIME TEMPORARY	

WORK EXPERIENCE-List Present and Former Employers beginning with the most recent

FROM	TO	COMPANY NAME AND ADDRESS	TELEPHONE
POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR AND TITLE		LAST WAGES (Per Hour)	REASON FOR LEAVING
FROM	TO	COMPANY NAME AND ADDRESS	TELEPHONE
POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR AND TITLE		LAST WAGES (Per Hour)	REASON FOR LEAVING
FROM	TO	COMPANY NAME AND ADDRESS	TELEPHONE
POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR AND TITLE		LAST WAGES (Per Hour)	REASON FOR LEAVING

REFERENCES

NAME	TELEPHONE	YEARS KNOWN
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NAME	TELEPHONE	YEARS KNOWN

MISCELLANEOUS INFORMATION

Have you been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? (A conviction record will not necessarily be a bar to employment) YES NO (Circle one)
Can you verify your legal right to work in the U.S. by providing proof of U.S. Citizenship YES NO (Circle one)
If you are under age 18, can you furnish a work permit? YES NO (Circle one) Date of Birth _____
Do you smoke? YES NO (Circle one)

APPLICANT'S CERTIFICATION----Please read carefully before signing

I certify, to the best of my knowledge and belief, the answer given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may result in my discharge. If employed, I understand and agree that such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract but is at-will. I hereby give the Employer the right to investigate all references unless otherwise stated herein.

APPLICANT'S SIGNATURE	DATE
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DO NOT WRITE BELOW - FOR COMPANY USE ONLY

DEPT #	OCCUPATION	RATE	START DATE
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NOTES: _____

VACATION OR DAYS OFF: _____

THOMAS DATES AVAILABLE: _____