



APPLICATION FOR EMPLOYMENT

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will help us potentially place you in a position that meets your objectives and those of the organization. Qualified applicants are considered for positions without regard to race, color, religious creed (all aspects of religious belief, observances and practices including religious dress and grooming practices), sex (pregnancy, breastfeeding, childbirth, and related medical conditions), national origin, ancestry, sexual orientation, age (over 40), marital status (including registered domestic partner status), gender identity, medical condition (as defined by law), mental disability, physical disability, except where physical fitness is a valid occupational qualification, or other status protected by State or Federal law, genetic information, gender expression, military and veteran status.

PERSONAL INFORMATION			APPLICATION DATE
LAST NAME	FIRSTNAME	MIDDLE INITIAL	TELEPHONE NUMBER
PRESENT ADDRESS	CITY	STATE	ZIP
ARE YOU LESS THAN 18 YEARS OF AGE <input type="checkbox"/> YES <input type="checkbox"/> NO		UPON OFFER OF EMPLOYMENT, VERIFICATION OF YOUR IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES WILL BE REQUIRED.	HAVE YOU EVER USED ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYMENT DESIRED		DATE AVAILABLE	
POSITION DESIRED OR AREA OF INTEREST		HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATE/POSITION APPLIED FOR
HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATES OF EMPLOYMENT	NAMES OF FRIENDS OR RELATIVES EMPLOYED BY THIS ORGANIZATION	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YOU ARE NOT ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATION, PLEASE DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED:	
CAN YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS			

EDUCATION/TRAINING/EXPERIENCE		PLEASE INDICATE ANY LANGUAGES, OTHER THAN ENGLISH THAT YOU SPEAK _____ READ _____ WRITE _____		
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE	UNITS COMPLETED AND GRADE AVERAGE	DEGREES AND/OR DIPLOMAS
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO		
PROFESSIONAL CERTIFICATES OR LICENSES HELD		ARE YOU PRESENTLY TAKING ANY EDUCATIONAL COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT AND WHERE		
DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS OR SKILLS THAT YOU FEEL MAKE YOU ESPECIALLY SUITED FOR THIS POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN		

REFERENCES		PLEASE LIST THREE NON-RELATIVES WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE		
NAME AND ADDRESS		TELEPHONE	OCCUPATION	YEARS KNOWN
1.				
2.				
3.				
EMERGENCY INFORMATION		IN CASE OF EMERGENCY, NOTIFY		
NAME				TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP	

EMPLOYMENT HISTORY		GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE, LISTING MOST RECENT EMPLOYMENT FIRST, INCLUDE EMPLOYED/SELF-EMPLOYED PERIODS AND PART-TIME OR SUMMER WORK			
COMPANY NAME AND LOCATION	TELEPHONE	POSITION(S) HELD	DATES EMPLOYED	REASON FOR LEAVING	DESCRIPTION OF DUTIES
			START:		
			END:		
TYPE OF BUSINESS:	NAME OF SUPERVISOR:				
			START:		
			END:		
TYPE OF BUSINESS:	NAME OF SUPERVISOR:				
			START:		
			END:		
TYPE OF BUSINESS:	NAME OF SUPERVISOR:				
			START:		
			END:		
TYPE OF BUSINESS:	NAME OF SUPERVISOR:				
MAY WE CONTACT THESE EMPLOYERS?		COMMENTS			
<input type="checkbox"/> YES <input type="checkbox"/> NO					

ACKNOWLEDGEMENT
<p>1. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.</p> <p>2. I hereby authorize the Company to thoroughly investigate my references, employment history, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, except for salary history, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.</p> <p>3. I understand that if I am offered employment by the Company, I will be required to submit to a post-offer, pre-employment physical and drug/alcohol testing (all of which will be paid for by the Company) and to authorize the release of the physical examination and test results to the Company. Candidates whose post-offer, pre-employment drug/alcohol test results are positive (prohibited substances present) will have their job offer revoked.</p> <p>4. I understand that in compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.</p> <p>5. I understand this Application for Employment is not to be confused as a guarantee of employment for a specific time. I further understand that my employment, if hired, with the Company is not intended to create any form of employment contract, implied or expressed, and that if I am employed my employment is at-will. I understand such at-will employment means that it is for no definite or determinable period and may be terminated at any time, with or without notice, either by myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's President. My continued employment, if hired, is dependent on satisfactory performance and the continued need for my services as determined by the Company.</p> <p>6. I understand that my Application for Employment will be placed in an active status for a period of six months during which time it will be reviewed as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the six month period, I must reapply by (a) submitting a new Application for Employment or by (b) submitting a letter requesting renewal of my Application and including an update of my qualifications (recent work history, educational achievements, etc.).</p> <p>7. I acknowledge that I have fully read all of the above statements and that I understand and accept them.</p>
DO NOT SIGN UNLESS YOU HAVE READ THE ABOVE ACKNOWLEDGMENT
Please be advised that the Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.
Applicant Signature _____ Date _____