## **Application for Employment**

Please fill out form completely for employment consideration. Print and fax or mail when completed.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

<b>Personal Informatio</b>	n		
Last Name	First	Middle	Date
Street Address			Home Phone ()
City, State, Zip			I
Business Phone ( ) -			Email Address:
What was your previous addres	s?		How long at present address? Years Months
Are you over 18 years of age? If not, employment is subject t		egal age.	How long at present address? Years Months
Have you ever applied for emp Yes No If Yes: Month and Year			Social Security No.
How did you learn of our organ	ization?		1
Are you legally eligible for emp	oyment in the United State	s?	When will you be able to work?
Are you employed now?	If	so, may we inquire o	f your present employer?
Have you been convicted offenses, which has not be Yes, describe in full.			ng misdemeanors and summary ourt?

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)?			
$\square$ Yes $\square$ No If Yes, please explain.			
Drivers License#	State	Any Violations?	
	State	$\square$ Yes $\square$ No	

## Education

School	Name and location of school	Course of study	No. of years completed	Did you graduate?	Degree or diploma
College				☐ Yes ☐ No	
High				☐ Yes ☐ No	
Trade School				☐ Yes ☐ No	
Other				☐ Yes ☐ No	

## Military

<b>v</b>			
Complete this section if you served in the U.S. Armed Forces	Branch of Service		
Describe your duties and any special training	Period of Active Duty (Month & Year)		
	From To		
	Rank at Discharge		
	Date of Final Discharge		

**Employment History** Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

	Company Name	Telephone (	) -	
	Address	Employed (Start Month and Year)		
1		From	То	
1.	Name of Supervisor	Hourly Rate		
		Start	Last	
	Start Job Title and Describe Your Work	Reason for I	Leaving	

	Company Name		Telephone		
2.			( ) -		
	Address		Employed (Start Month and Year)		
			From	То	
	Name of Supervisor		Hourly Rate		
			Start	Last	
	Start Job Title and Describe Your Work		Reason for Leaving		
	Company Name		Telephone		
			( )	-	
	Address		Employed (Start Month and Year)		
3.			From	То	
0.	Name of Supervisor		Hourly Rate		
			Start	Last	
	Start Job Title and Describe Your Work		Reason for Leav	ving	
	Company Name		Telephone		
			( )	-	
	Address		Employed (Start Month and Year)		
4.			From	То	
4.	Name of Supervisor		Hourly Rate		
			Start	Last	
	Start Job Title and Describe Your Work		Reason for Leaving		
			<u> </u>		
We may contact the employers listed above unless you indicate those you do not want us to contact.			Do not con	tact	
		Employer Number(s)			
		Reason			

<b>References:</b> Give below the names of three persons not related to you, whom you have known at least one year.			
Name	Address	Business	Years Acquainted
1.			
2.			
3.			

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

. . . .

Signature

Please complete and mail or fax a copy of this form to:
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