

Please Print

Standard Employment Application An Equal Opportunity Employer

Name (Last, First, MI))					Social Secu	ırity #
Address		City		State	Zip	Phone	
Position applying for:		Have you e	ever applied to	or worked for		before?	Yes No
				Co	mpany Nam	ne	
If yes, when?		Do you have	any friends or	relatives working fo	or		□Yes □No
If yes, state name and	relationshin	•			Compa	any Name	
in yes, state name and	rciationship	Name		Relation	shin		
-If hired, would you h	nave a relial		tation to and t				
•		-				ı legal age.) Yes	lNo
•			•	•		work in this country?	
• •		•				or without reasonable	
· _			•				
accommodations?	JYes ∐No	o If no, describe the f	functions that	cannot be performe	ed:		
-Have you ever been that are more than two disposition of the case (Note: No applicant v	to perform convicted o o years old e: will be denie e surroundi	essential functions. f a criminal offense (need not be listed.) [ed employment solely ing circumstances and	Hire may be safelony or seri Yes No on the ground the relevance	ous misdemeanor)? If yes, state nature ds of conviction of the offense to the	medical expension of the crimal a criminal a criminal control of the position	necessary for eligible amination, skill and/or amination, skill and/or as for marijuana related e(s), when and where confense. The nature of the symplical for may, how	tonvicted, and the offense, wever, be
	School Na	ame	Cit	y	State	Number of Yrs. Completed/Degree	Did You Graduate?
High School						Earned	
College/University							
or Vocational Sch.							
Business References List below three person		ted to you who have	knowledge of	your work perform	ance within	the last three years	
Name		Occupation		Telephone Numb	oer	Relationship	
_							

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Employer		Dates Employed		Work Performed	
		From	То		
Address					
				Reason for Leaving	
Telephone Number(s)		Hourly Rate/Salary			
		Starting Final			
Job Title	Supervisor			May we contact this employer for a reference?	
Employer		Dates Employed		Work Performed	
		From	To		
Address					
				Reason for Leaving	
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title	Supervisor			May we contact this employer for a reference?	
Employer		Dates Employed		Work Performed	
		From	То		
Address					
				Reason for Leaving	
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title	Supervisor			May we contact this employer for a reference?	

Note: Attach additional page(s) if necessary.

Please Read Carefully, Initial Each Paragraph and Sign Below.

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.

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, 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, 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.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. I addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either 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 designated representative.

Date Applicant Signature

Initials