

APPLICATION FOR EMPLOYMENT

(Please Print)

A resume may not be used in place of this application. This application becomes void after 60 days unless renewed.

We Are An Equal Opportunity Employer

Applications are considered for all positions without regard to race, color, religion, sex, national origin, disability, age (40 + older), ancestry, military status, genetic information or any other characteristic protected by applicable law.

Date

Social Security No.

Name - Last

First

Middle

Home Address - Street

City

State

Zip Code

Telephone

Temporary Address -Street

City

State

Zip Code

Telephone

Positions Applying For

Salary/Rate Expected

1. 2.

Who referred you to us for employment?

Date Available

Available for:

Full-time

Part-time

Shift-work

Temporary

Have you filed an application here before?

☐ yes

☐ no

If yes, when?

Have you been employed here before?

☐ yes

☐ no

If yes, give dates: from

to

Are you presently legally authorized to work for this company in the United States on a full-time basis?

☐ yes

☐ no

(If under 18, what is your age?)

Have you ever been convicted of a criminal offense (excluding a minor traffic violation involving a fine of less than \$250)? ☐ yes ☐ no

If yes, when?

Where?

Reason:

A conviction record will not necessarily be a bar to employment, and factors such as the timing of the offense, the seriousness and nature of the violation, and the nature of the job for which you are applying will be taken into account by the employer.

Education

	Name & Address of School	Years Completed				Degree	Course of Study	Grade Point Average
High School		9	10	11	12			
College/Trade School		1	2	3	4			
Graduate School		1	2	3	4			
Other		1	2	3	4			

References

List references who are not relatives or former employers.

Name	Address	Telephone Number	Profession or Position	How Long Known?

Previous Employment

(provide all previous employment with most recent first) If you need additional space, provide the same information on the back of this page.

<i>Dates (From-Mo. Yr. To-Mo. Yr.)</i>	<i>Employer (Full Name & Address)</i>	<i>Employer Phone</i>	<i>Pay Rate</i>	<i>Immediate Supervisor</i>
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Nature of Duties

Reason for Leaving

<i>Dates (From-Mo. Yr. To-Mo. Yr.)</i>	<i>Employer (Full Name & Address)</i>	<i>Employer Phone</i>	<i>Pay Rate</i>	<i>Immediate Supervisor</i>
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Nature of Duties

Reason for Leaving

Who should we contact in case of emergency?

Name	Phone	Relationship

Read Carefully Before Signing

In consideration of the employer's review of my application, I agree that any claim or lawsuit arising out of my employment or my application for employment with the employer must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

I understand that this application does not constitute an employment contract or an offer for employment. I further understand that if I am offered a position of employment, my employment will be "at will," and either I or the company may terminate the employment at any time for any reason with or without cause and with or without notice. I also understand that no individual representative of the company, other than the president in a writing specific to me and signed by the company president and me, may alter this at-will employment relationship, either verbally or in writing. I understand that I must at all times abide by the company's rules and regulations and I agree to do so if employed.

I authorize the investigation of all statements contained herein and authorize the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I further release and agree to hold harmless the company and all parties providing information from all liability for any claim or damage that may result from furnishing such information to you.

I certify that the information I have given on this application is true and complete to the best of my knowledge and belief. I understand that any false information provided on this application, at the time of any interview(s), or on any company document may result in my immediate discharge.

Applicant's Signature

Date