Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)					
Position(s) Applied For				Date of Appli	cation
How Did You Learn About Us? Advertisement Employment Agency	Friend Relative	Walk-In Other			
Last Name	First Name		M	iddie Name	
Address Number	Street	СНу		State	Zip Code
Telephone Number(s)			Social Sec	nrity Number	
f you are under 18 years of proof of your eligibility to Have you ever filed an app Have you ever been emplo	work? lication with us befo yed with us before?	re?		Yes Yes	No No
Are you currently employe		If Yes, give date			
May we contact your prese	nt employer?	If V e	es, give da	ate	
Are you prevented from la country because of Visa or Proof of citizenship or immigration On what date would you be	Immigration Status's status will be required upon en	ployed in this ? aployment.	, g. i	Yes Yes	□No
are you available to work	Full Time	Part Time Sh	ift Work	Temporar	у
are you currently on "lay-c	off status and subjec	t to recall?		Yes	No
lan you travel if a job requ	iires it?			Yes	\square_{N_0}
Have you been convicted of Conviction will not necessarily disq	•	•		Yes	□ No
If Yes, please explain					

Education

	Elementary School			High School			Undergraduate College/University				Graduate/ Professional							
School Name & Location															_,_,			
Years Completed	4	5	б	7	8	9	10	11	12	1	2	3	4	1	2		3	4
Diploma/Degree			1	1														
Describe Course of Study	. 1																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities Describe any honors you									od Assessable Recovery									
have received.																		
State any additional information you feel may be helpful for us in considering your application. Indicate					212.00		ag XXOI		ana	ole r	and a	nd/o	rxmi	te			•	
indicase	a	ny 10	oreig	311 13	ang	uage	s you	i can	spe	ar, r	cau a	na/o	I WII					
SPEAK																	•	
READ											***********							
WRITE																		
List professional, trad You should exclude membership protected status: References Give name, address a you and are not previ-	s w. S	litel	vould epho	reve one	al se: nui	K. 1'ace	, religio	on, nat	lonal c	erigin, i	age, an	cestry, i					•	
2.																		
3.																		
Have you ever had an	ny	job.	-rela	ited	tra	inin	g in t	he U	nite	d Sta	tes m	illitar	y? [₹es]]	No
Are you physically o for which you are ap				e ui	nab	le to	perf	orm	the c	luties	s of ti	ne jol) [∕es]]	No

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that a CORI check may be required for some positions and, if directed to, will complete and submit a CORI request form with this application.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of App	Date		
or Personnel Depar	tment Use Only		
Arrange Interview Yes Remarks	□ No		
**************************************	Interviewer	Date	
Employed 🗆 Yes 🗆 No	Date of Employment		
Job Title	Hourly Rate/Salary		
<u></u>	Department		
Ву			
	Name and Title	Date	
NOTES			

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

	Employer		Dates Employed		Work Performed
1.	, .		From	То	
	Address				
	Telephone Number(s)				
	1 t mot.	Constant	Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
	Employer		Dates Employed		Work Performed
2.			From	То	
	Address				
	Telephone Number(s)				
		Supervisor	Starting	Final	
	Job Title	•			
	Reason for Leaving				
	Employer		Dates Employed		
3.			From	То	Work Performed
,	Address				
	Telephone Number(s)		Starting	Final	
		Supervisor	2,	2	
	Job Title	-			
	Reason for Leaving				
	Employer		Dates Employed		Work Performed
4.			From	То	
	Address				
	Telephone Number(s)				
		Supervisor	Starting	Final	
	Job Title				
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience,