APPLICATION FOR EMPLOYMENT

We Are An Equal Employment Opportunity Employer

	PERSONA	AL INFORMATION	<u> </u>		
Position Applied For		Date Availab	le Salary Desired		
Last Name	First Name	Middle Initial	E-Mail Add	lress	
Current Address	Street	City	<u>'</u>	State	Zip Code
Telephone Number(s) where Home: ()	Are you available to shift? Yes \(\square\) No \(\square\)	** -			
	ed with the company before? Yes of employment, job title, and location	No n:			
How did you learn of this po	osition?	-			
Are you related to anyone co	urrently employed by the company?	Yes No If yes	s, who? Ap		Γ PT emp Intern
	o work in the United States? igration status will be required upon	employment) Yes 🗌 1	No 🗌		
	ED	OUCATION			
	SCHOOL NAME AND CITY/STATE	DEGREE /DIPLOMA COMPLETED?	CURRICUI MAJOR	LUM OR	TYPE OF DEGREE EARNED
HIGH SCHOOL/GED (SELECT ONE)		Yes No No			
COLLEGE OR UNIVERSITY		Yes No No			
GRADUATE		Yes No			
OTHER		Yes No			
CERTIFICATIONS					
Professional Awards, Hono	ors, Offices Held, Scholarships, Profe	essional Associations, E	tc.		
		LLS AND QUALIFICA	ATIONS		
List any special skills and tr	aining not listed above:				
List computer experience/tr	aining:				
	MILITARY SERVICE- UNIT				
Branch of Service:		Reserve Sta	To:		
Highest Rank:		Primary Oc	Primary Occupation, Special Skills obtained:		

EMPLOYMENT EXPERIENCE START WITH YOUR CURRENT OR MOST RECENT POSITION. COMPLETE ALL SECTIONS.						
EMPLOYMENT DATES (MM/YYYY)	Name and city/stat of Employer	E PHONE NUMBER	DIRECT Supervisor	REASON FOR LEAVING		
FROM /						
TO /						
Position Held and shor	t description of duties					
	urrent employer, may we contact for refer	rences? Yes No				
FROM /						
TO /						
Position Held and shor	t description of duties					
Eligible for Rehire? Ye	es 🗌 No					
FROM /						
TO /						
Position Held and shor	t description of duties					
Eligible for Rehire? Ye	es 🗌 No					
FROM /						
TO /						
Position Held and shor	t description of duties					
Eligible for Rehire? Ye	es 🗌 No					
Please list any gaps in	employment and reason:					
Profession.	AL REFERENCES – INCLUDE	E FORMER SUPERVIS	ORS, COLLEAGUES, OR	SCHOOL REFERENCES		
Name	Compar	y Name/Job Title	Phone Number and E-M	ail Relationship to You		
	ľ		ſ			
	CRIMINATE AGAINST ANY APPLICA GENDER IDENTITY, PREGNANCY, M VETERAN'S STATU	MARITAL STATUS, NON-JO	· ·			

PLEASE READ CAREFULLY BEFORE SIGNING FORM

Regardless of whether or not I become employed, I recognize that this application is not and should not be considered a contract of employment. I understand that employment is on an at-will basis, and that my employment may be terminated with or without cause, and without notice at any time.

I understand that any offer of employment is contingent upon my signing and agreeing to abide by the Company's policies.

I authorize the Company to contact any or all of my former employers, or any of the references I have supplied for the purpose of verifying any information I have provided, and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment.

I authorize and encourage the Company to make whatever inquiries it considers necessary of any person or organization not a consumer reporting agency to verify any information provided in this application to determine my job-related qualifications and abilities. In exchange for the Company's agreement to receive, process, and consider my application for employment, I release the Company and all persons, schools or organizations contacted by the Company from liability for any damages arising out of the Company's verification of the information provided in this application and/or its determination of my job-related qualifications and abilities.

I authorize the Company to conduct a criminal background check and understand that the Company will not deny employment to any applicant solely because a person has been convicted of a crime. The Company however, may consider the nature, date and circumstances of the offenses in making a decision about my employment, should the results present a criminal conviction.

I understand that misrepresentations of any fact written by me in this application can result in denial of employment, retracting an offer previously made or, upon subsequent discovery, immediate termination of employment.

I understand that any offer of employment is also contingent upon my ability to provide the documentation required by the Immigration Reform and Control Act of 1986 to substantiate that I am legally authorized to work in the United States.

If the position I am applying for requires me to drive for Company business I hereby authorize the Company to conduct a motor vehicle records search.

I am able to perform the essential functions, duties and responsibilities of the position I am applying for with or without reasonable accommodations.

employment offer can be validly tendered by the C	abuse test, after a job offer has been made, but prior to the time I begin work for the Company. I understand that no ompany until the satisfactory completion of such tests. I understand that the Company will select the doctor/medical facility uployment offer substance abuse testing" form will prohibit any consideration of employment with the Company.
Signature of Applicant	Date