

# Application for Employment

Equal access to programs, services and employment is available to all individuals. Those applicants requiring a reasonable accommodation for the application and/or interview process should notify a representative of the Human Resources Department. We are an equal opportunity employer.

Name	Last		First		Middle
	Street		City	State	Zip code
Primary Phone		Secondary Phone		Email	
Position applied for				Application Date	

Referral Source	General Questions	Yes	No
<input type="checkbox"/> Employee	Are you legally eligible for employment in the United States? (If yes, proof is required upon hire)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Walk-In	Have you ever been employed here?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Company's website	If you are under 18 years of age, can you provide a work permit if required?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> School	Have you entered into an agreement with any former employer or other party that might, in any way, restrict your ability to work for our company (e.g., non-competition agreement)?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____		<input type="checkbox"/>	<input type="checkbox"/>

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

- Yes    No
- Additional information about the job's essential functions is required to respond

Educational Background		
School (include City and State)	Level Completed	Major/Minor

Employment History – Starting with your most recent employer, provide the following information. (Place an X by the employer(s) you DO NOT want us to contact. List your most recent employer first. You may include any verified work performed on a volunteer basis.)		
<input type="checkbox"/>	Employer _____ Phone _____	Dates employed (mm/yy) / to /
	Street address, City, State _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Job Title _____		Commission/Bonus/Other Compensation \$ _____ Supervisor _____
<input type="checkbox"/>	Employer _____ Phone _____	Dates employed (mm/yy) / to /
	Street address, City, State _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Job Title _____		Commission/Bonus/Other Compensation \$ _____ Supervisor _____
<input type="checkbox"/>	Employer _____ Phone _____	Dates employed (mm/yy) / to /
	Street address, City, State _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Job Title _____		Commission/Bonus/Other Compensation \$ _____ Supervisor _____

References – List names and phone numbers of two supervisors, two peers, two subordinates (as applicable).

Name	Title	Relationship	Phone	Email	Years Known

Applicant Statement

The information provided on this application is subject to verification. With my signature below, I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I understand that any falsifications or misrepresentations of information may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date. I authorize all former employers to release job-related information pertaining to me and I release all persons or companies from any liability or responsibility for providing such information.

I 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 I may resign at any time and the Company may discharge me at any time with or without cause.

I understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president or officer, and then only when in writing and signed by the president or officer, has any authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

This Company does not tolerate unlawful discrimination or harassment based on any protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_