

## APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

**Date of Application** 

Position(s) Applied for

Ctroot Addros

Print Name (Last, First, & Middle)

Street Address	City	State	Zip Code		
Main Phone Number	Alternate Phone Number	Email			
EMPLOYMENT EXPERIENCE Please list the names of your plisted first. Be sure to account Add additional page if necessar	for all periods of time. If self				
Name of Employer	Supervisor	May we	May we contact?		
			□ Yes □	No	
Street Address					
Phone Number		Dates Employed (Month/Year)			
		From	То		
Job Title and Duties	Reason for Leaving				
Name of Employer		Supervisor	May we	contact?	
			□ Yes □	l No	
Street Address					

Phone Number	Dates Employed (Month/Year)			
	From	То		
Job Title and Duties	Reason for Leaving			
Name of Employer	Supervisor	May we contact?		
		□ Yes □ No		
Street Address				
Phone Number	Dates Employed (Month/Year)			
	From	То		
Job Title and Duties	Reason for Leaving			
Have you ever been involuntarily terminated or asked to resi	gn from any job?	Yes □ No		
If yes, please explain				
Please explain any gaps in your employment history:				
		4		

ERSONAL REFERE	people who know yo	المسيا				
	Nore					
Name and Title		Relationship	Relationship		Phone Number or Email	
	professional References	ces of individuals w	ho are <b>not</b> relate	ed to you	J.	
Other						
Trade School						
Graduate/ Professional School						
College/ University						
High School						
	School Name	Years Completed	Diploma/ Degree (Yes/ No)	Area of	f Study/Major	Specialized Training, Skills, or Extra- Curricular Activities
DUCATION lease describe	your educational bac	kground in the tabl	1	<b>V.</b>		Consisting d Training

GENERA	L INFORMATION							
1.	•	r used another r						
2.	Is any additional information relative to name changes, use of an assumed name, or nickname necessary to							
	enable a chec	k on your work	and educationa	l record?			□ Yes □ No	
	a. If yes	to either of the	above, please	explain:				
3.	Have you eve	r worked for this	s company befo	re?			□ Yes □ No	
	a. If yes,	, please give dat	es and position	:				
4.	Do you have f	riends and/or re	elatives working	g for this compa	ny?		□ Yes □ No	
	a. If yes, name(s) and relationship(s):							
5.								
6.	Days/Hours a	vailable to work	:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
	,	,	,	,	,	,	,	
7.	•	ble to work?				Temporary		
8.	If hired, would	d you have a rel	iable means of	transportation t	o and from wor	k?	□ Yes □ No	
9.	Can you trave	l if the position	requires it?				□ Yes □ No	
10	. Can you reloc	ate if the position	on requires it?				□ Yes □ No	
11	. Are you at lea	st 18 years old?					□ Yes □ No	
	a. Note:	If under 18, hir	e is subject to v	erification that	you are of minii	mum legal age.		
12	. If hired, can y	ou present evid	ence of your ide	entity and legal	right to work in	this country?	□ Yes □ No	
13	. Are you able t	to perform the e	essential job fur	nctions of the jo	b for which you	are applying wi	ith or without	
	reasonable ac	commodation?					□ Yes □ No	
	a. Note:	We comply wit	h the ADA and	consider reason	able accommod	lation measures	that may be	
		• •		nployees to per			•	

## APPLICANT STATEMENT AND AGREEMENT Please read and initial each paragraph below. If there is anything that you do not understand, please ask. \_ 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 prior employers and 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. In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company. \_ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications. \_ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health. I hereby certify 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 understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard. \_ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

severed and the remainder of this Agreement shall be enforceable.

Signature:			

Name (print):

Date: