

APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, color, creed, religion, sex, national origin, citizenship status, ancestry, age, marital status, veteran status, physical or mental disability, pregnancy, medical condition, sexual orientation, or any other legally protected status. 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 company, 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)

Position(s) applied for: _____ Date of application: _____

 Last Name First Name Middle Name

 Address City State Zip Code

 E-mail Address Nickname

 Telephone Number(s)

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

| Name and Address of Employer | Dates Employed | | Supervisor and Telephone Number | Job Title and Duties | Reason for Leaving |
|------------------------------|--------------------|------------------|--|----------------------|--------------------|
| | From Month/Year | To Month/Year | | | |
| | | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No

If yes, please explain: _____

Please explain any gaps in your employment history: _____

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment. _____

EDUCATION

Please describe your educational background in the table provided below.

| School Name | Years Completed (Circle) | Diploma/Degree (Yes or No) | Describe Course of Study or Major | Describe Specialized Training, Experience, Skills and Extra- Curricular Activities |
|---------------------------------|-----------------------------|-------------------------------|--------------------------------------|--|
| High School: | 9 10 11 12 | | | |
| College/University: | 1 2 3 4 | | | |
| Graduate/Professional: | 1 2 3 4 | | | |
| Trade or Correspondence: | | | | |
| Other: | | | | |

BUSINESS/PROFESSIONAL REFERENCES

Please list three professional references of individuals who are **not** related to you.

| Name & Title | Business Relationship | Telephone Number or Email |
|--------------|-----------------------|---------------------------|
| | | |
| | | |
| | | |

CO-WORKER REFERENCES

Please list three people you have worked with who know you well; do not include personal friends or relatives.

| Name | Occupation | Relationship (Example: Worked together at ABC Company for 3 years) | Years Acquainted | Telephone Number |
|------|------------|--|---------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |

GENERAL INFORMATION

- 1. Have you ever used another name? Yes No
- 2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record? Yes No

If yes to either of the above, please explain: _____

- 3. Have you ever worked for this company before?..... Yes No

If yes, please give dates and position: _____

- 4. Do you have friends and/or relatives working for this company? Yes No

If yes, name(s) and relationship(s): _____

- 5. On what date are you available to begin work? _____

- 6. Days/Hours available to work: _____

- 7. Are you available to work..... Full-time..... Part-time..... Shift Work..... Temporary

- 8. Minimum salary required.....Per Hour \$ _____ Per Month \$ _____

- 9. If hired, would you have a reliable means of transportation to and from work? Yes No

- 10. Can you travel if the position requires it? Yes No

- 11. Can you relocate if the position requires it? Yes No

- 12. Are you at least 18 years old?..... Yes No

Note: If under 18, hire is subject to verification that you are of minimum legal age.

- 13. If hired, can you present evidence of your identity and legal right to live and work in this country? ... Yes No

- 14. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes No

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

*This Application 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.*

APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ 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.

_____ 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 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 and entities from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that I may be subject to a criminal background check and/or credit check prior to and during my employment, and that my employment may be subject to successful completion of these checks, in accordance with legal guidelines.

_____ I understand that I may be subject to screening for the presence of controlled drugs and/or alcohol in my system prior to employment and during my employment, to the extent permitted by law. I voluntarily submit to the controlled drug and/or alcohol screening and understand that the presence of controlled drugs and/or alcohol in my system may disqualify me from employment with the Company.

_____ I understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of the physical examination and related tests to the Company. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected.

_____ I understand that I may be required to take other tests such as personality tests that measure traits and work habits prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated.

_____ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is committed to continuing the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship for any reason 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 oral statements or in any other way, but can only be altered by written amendment signed by the Owner/President of this Company.

_____ I understand 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. A copy of the Company's Injury and Illness Prevention Plan will be provided to me upon my request.

_____ I understand that my employment will be contingent upon signing the Company's Alternative Dispute Resolution Agreement (if applicable), a copy of which will be provided with the Employee Handbook packet.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge.

_____ I hereby 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 it is my responsibility to verify that the state and federal payroll tax deductions taken on my payroll checks match the information I provided on my completed W-4 form.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

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

Signature: _____ Date: _____

Printed Name: _____ City/State: _____