Zip Code

State



(Please print clearly).

Street Address

Position(s) Applied for

Print Name (Last, First, & Middle)

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, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage 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 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.

Date of Application

City

Main Phone Number Alternate Phone Number			Email			
EMPLOYMENT EXPERIENCE Please list the names of your employer listed first. Be sure business references. [Add ac	s of					
Name of Employer		Su	upervisor May we contact?		contact?	
				□ Yes □	□ No	
Street Address		Main Phone Number				
Dates Employed (Month/Year)		Email				
From To						
Job Title and Duties		Reason for Leaving				

Name of Employer		Supervisor	May we contact?		
			□ Yes □ No		
Street Address		Main Phone Number			
Dates Employed (Month/Year)		Email			
From	То				
Job Title and Duties		Reason for Leaving			
Name of Employer		Supervisor	May we contact?		
			□ Yes □ No		
Street Address		Main Phone Number			
Dates Employed (Month/Year)		Email			
From	То				
Job Title and Duties		Reason for Leaving			
Have you ever been involur If yes, please explain	starily terminated or asked	to resign from any job?	Yes □ No		
jes, piedse expidin					

Please explain any gaps in your employment history:
Please list any other experience, job related skills, additional languages, or other qualifications that you pelieve should be considered in evaluating your qualifications for employment.
Please list any other experience, job related skills, additional languages, or other qualifications that you pelieve should be considered in evaluating your qualifications for employment.

EDUCATION

Please describe your educational background in the table provided below.

	School Name	Years Completed	Diploma/ Degree (Yes/ No)	Course of Study/ Major	Specialized Training, Skills, or Extra-Curricular Activities
High School					
College/ University					
Graduate/ Professional School					
Trade School					
Other					

BUSINESS AND PROFESSIONAL REFERENCES

Please list three professional references of individuals who are not related to you	Please list three	professional	references of	individuals who	are not related to y	ou.
--	-------------------	--------------	---------------	-----------------	-----------------------------	-----

Nam	e and Title		Relationsh	ip		Phone Number	or Email	
	NAL REFERENCE e list three pe	s ople who know	you well.					
	e and Title	•		ip and Years A	cquainted	Phone Numbe	r or Email	
 3. 4. 5. 	Is any addition necessary to a. If yes a. If yes Do you have a. If yes On what dat Days/Hours	enable a check to either of the er worked for finds and/or friends and/or aname(s) and e are you available to wo	this company lates and posice relatives wo relationship (sable to begin ork:	name changes rk and educati ase explain: before? tion: rking for this constants work?	onal record	assumed name	Yes - 1	No No
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
7.	Are you avai	lable to work?	□ Full-time	□ Part-tim	ne 🗆 Shift	Work □ Temp	orary	
8.							Month \$	
9.	•	•		-			Yes 🗆 N	
	-	•	-				Yes N	
	-	east 18 years o	-				Yes 🗆 N	
	•	-		to verification	n that vou a	re of minimum	legal age.	

13. If hired, can you present evidence of your identity and legal right to 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? \square Yes \square No
a. Note: We comply with the ADA and consider reasonable accommodation measures that may be
necessary for qualified applicants/employees to perform essential job functions.
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 s 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 ocal 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 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 ALL OF THE ABOVE TERMS.
Signature:
Name (print): Date:/