



ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Date				
Nama				
Address		City		
State Zip Home Phone Other Phone Position Sought				
Home Phone	Cell	Phone		
Other Phone	Email Address _			
1 Oshion Sought		_		
How did you learn abou				
Have you ever worked f				
Date Available to Start _		_Desired Wage	e/Salary \$	
What Days/Hours are yo	ou available			
Are you a U.S. citizen, or restriction? [ ] Yes [	•	e authorized to	work in the U.S	S. without any
Have you ever been invo	_	ed or asked to re	esign from anv	position of
employment? [ ] Yes [			8	1
If yes, please describe ci	-			
<b>J</b> 71				
Are you able to perform	the duties for the p	osition you are	applying to	<u>Y</u> <u>N</u>
If selected for employme				nt drug &
alcohol screening test?				C
*Are you 18 or over?	Y N			
EDUCATION				
School Name	Location	Years	Degree	Major
		Attended	Received	
List other information of	<u> </u>	the employmen	nt vou are seeki	ing.
List other information of	i skins periment to	the employmen	iit you are seeki	mg.
EMPLOYMENT				
Most Recent First				
Employer		Job Title		
Dates Employed From	То			
Starting Salary		Inding Salary		
Duties Performed		<i>S S</i>		

Supervisor	Reason for Leaving			
May we contact Supervisor <u>Y</u>	<u>N</u>			
Employer	Job Title			
Dates Employed From	To Phone Phone			
Starting Salary	Ending Salary			
Duties Performed				
Supervisor	Reason for Leaving			
May we contact Supervisor <u>Y</u>	<u>N</u>			
<b>Emergency Contact Information</b>	NamePhone			
ACKNOWLEDGMENT AND AUTHORIZATION				
knowledge and understand that, if e be grounds for dismissal.	this application are true and complete to the best of my employed, falsified statements on this application shall			
employers listed above to give you employment and any pertinent information of the control of th	ments contained herein and the references and any and all information concerning my previous rmation they may have, personal or otherwise, and ty for any damage that may result from utilization of			
enter into any agreement for employ	representative of the company has any authority to yment for any specified period of time, or to make any g, unless it is in writing and signed by the authorized			
_	ease or use of disability-related or medical information ricans with Disabilities Act (ADA) and other relevant			
prior to my employment. If such re with federal law, the company will these reports and will also obtain se	report or criminal records check may be necessary eports are required, I understand that, in compliance provide me with a written notice regarding the use of eparate written authorization from me to consent to t a poor credit history or conviction will not ion from employment.			
<u> </u>	persons hired will be required to verify identity and tes and to complete the required employment rm upon hire.			
Signature of Applicant	Date			