## 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.

Position(s) Applied for	Date of Application						
Print Name (Last, First, & Mid	dle)	,					
Street Address		City		State	Zip Code		
Main Phone Number	Alternate Phone Number	Email	Email				
EMPLOYMENT EXPERIENCE Please list the names of your properties of the sure to account for additional page if necessary.							
Name of Employer		Supervisor	upervisor		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 ☐	□ No		
Street Address							
Phone Number		Dates Employed (	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 res  If yes, please explain	ign from any job?	□ Yes □ No			
Please explain any gaps in your employment history:					

•	other experience, job in evaluating your qua			s, or other	qualifications t	hat you believe should	
	oranaanna yoan qaa						
DUCATION							
lease describ	e your educational bad		Diploma/	low.		Specialized Training,	
	School Name	Years Completed	Degree (Yes/No)	Area o	f Study/Major	Skills, or Extra- Curricular Activities	
High School							
College/ University							
Graduate/ Professional							
School Trade							
School							
Other							
LISINESS AND P	ROFESSIONAL REFERENCE	<u> </u>	l			<u> </u>	
lease list thre	e professional referer	ices of individuals v	vho are <b>not</b> rela	ated to yo			
Name and Tit	:le	Relationship	Relationship		Phone Number	er or Email	
ERSONAL REFER		uall					
Please list three people who know you well Name and Title			Relationship and Years Acquainted		Phone Number or Email		
			•				

GENERA	AL INFORMATION							
1.	Have you ever used another name? $\square$ Yes $\square$ No							
2.	Is any additio	s 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	al record?			□ Yes □ No	
	a. If yes	to either of the	above, please	explain:				
3.	Have you eve	r worked for thi	s company befo	ore?			Yes 🗆 No	
	a. If yes	, please give dat	es and position	l:				
4.	. Do you have friends and/or relatives working for this company? □ Yes □ No							
	a. If yes	, name(s) and re	elationship(s): _					
5.								
6.	Days/Hours a	vailable to work	::					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
7.	Are you available to work? ☐ Full-time ☐ Part-time ☐ Shift Work ☐ Temporary							
8.	If hired, would you have a reliable means of transportation to and from work? ☐ Yes ☐ No							
9.	Can you travel if the position requires it? ☐ Yes ☐ No							
10	. Can you relocate if the position requires it? $\square$ Yes $\square$ No							
11	. Are you at lea	ast 18 years old?					□ Yes □ No	
	a. Note:	: If under 18, hir	e is subject to v	erification that	you are of mini	mum legal age.		
12	. If hired, can y	ou present evid	ence of your id	entity and legal	right to work in	this country?	□ Yes □ No	
13	. Are you able	to perform the $\epsilon$	essential job fur	nctions of the jo	b for which you	are applying w	ith or without	
	reasonable ac	ccommodation?					□ Yes □ No	
	a. Note:	: We comply wit	h the ADA and	consider reason	able accommo	dation measure	s 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 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 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

Date:

**ABOVE TERMS.** 

Signature:

Name (print): \_\_\_