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

Print Name (Last, First, & Mido	dle)					
Street Address		City	State	Zip Code		
Main Phone Number	Alternate Phone Number	Email				
EMPLOYMENT EXPERIENCE Please list the names of your prolisted first. Be sure to account for additional page if necessary.		_				
Name of Employer		Supervisor	May we	May we contact?		
			☐ Yes [□ No		
Street Address			1			
Phone Number		Dates Employed (Month/Year)				
		From	То	То		
Job Title and Duties		Reason for Leaving				
			1			
Name of Employer		Supervisor		May we contact?		
			☐ Yes [☐ Yes ☐ No		
Street Address						
Phone Number		Dates Employed (Month	/Year)			
		From	То	То		

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

	other experience, job in evaluating your qua			s, or other	qualifications t	hat you believe should
be considered	in evaluating your qua	anneations for emp	ioyment.			
EDUCATION						
	e your educational ba	ckground in the tab	le provided be	low.		
		Years	Diploma/	_	5.0. 1. /2.4.1	Specialized Training,
	School Name	Completed	Degree (Yes/No)	Area o	f Study/Major	Skills, or Extra- Curricular Activities
High School						
College/ University						
Graduate/						
Professional						
School						
Trade School						
Other						
Dugueses and D	Description		<u> </u>			
	ROFESSIONAL REFERENCE Re professional referer		vho are not rel	ated to vo	u.	
Name and Tit		Relationship		,	Phone Number or Email	
L						
PERSONAL REFER	DENICES					
	ee people who know y	ou well.				
Name and Tit			and Years Acqu	ainted	Phone Numb	er or Email
ĺ						

GENERA	AL INFORMATION						
1.	Have you ever used another name? \square Yes \square No				□ Yes □ No		
2.	Is any additio	Is any additional information relative to name changes, use of an assumed name, or nickname necessary t				ime necessary to	
	enable a chec	k on your work	and educationa	ıl 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	:			
4.	-	friends and/or re	-				
		, name(s) and re					
5.		are you availab					
6.		vailable to work	_				
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
•	·			,		•	
[7.	Are you avail:	 able to work? □	 Eull_time □ D	 art-time □ S	$ $ Shift Work \Box	Temporary	
	•					, ,	
8.	•	d you have a rel		•			
9.	Can you trave	el if the position	requires it?				□ Yes □ No
10	. Can you reloc	cate if the position	on requires it?				□ Yes □ 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 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	to perform the e	essential job fur	nctions of the jo	b for which you	are applying w	ith or without
	reasonable ad	ccommodation?					□ Yes □ No

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 ora 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 ABOVE TERMS.
Signature:
No. () A

Legal Disclaimer: This document is intended for informational purposes only, and does not constitute legal information or advice. This information and all HR Support Center materials are provided in consultation with federal and state statutes and do not encompass other regulations that may exist, such as local ordinances. Transmission of documents or information through the HR Support Center does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.