## **Application for Employment**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

	(PLEASE	PRINT)				
Position(s) Applied For:	Date of Application:					
How Did You Learn About Us?		<b>TT 11 T</b>				
Advertisement	□ Friend	□ Walk-In				
Employment Agency	Relative	□ Other				
V and NY and	First Name		Middle Na	ame		
Last Name	r irst mame					
		<b>(</b> )	State	Zip Code		
Address Number	Street	City	State	Zip Coue		
Telephone Number(s)			Social Securit	y Number		
If you are under 19 years a	f ago con you provide					
If you are under 18 years o required proof of your eligi	•		□ YES	D NO		
	·		□ YES	□ <b>NO</b>		
Have you ever filed an app	lication with us before:					
		If Yes, give date				
Have you ever been employ	ved with us before?		□ YES	$\square$ NO		
		If Yes, give date	( <del>-</del>			
Are you currently employe	d?		□ YES	D NO		
May we contact your prese	□ YES	$\square$ NO				
Are you prevented from la	wfully becoming employ	ved in				
this country because of Vis			D YES			
Proof of citizenship or immigration						
On what date would you be	e available for work?					
			Chiff Wowl	Temporary		
Are you available to work:	<b>I Full Time</b>	□ Part Time □	Shift Work	□ Temporary		
Are you currently on "lay-	off" status and subject	to recall?	□ YES	□ <b>NO</b>		
Can you travel if a job req	uires it?					
Have you been convicted o Conviction will not necessarily disqu				□ <b>NO</b>		

If Yes, please explain:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# Education

				Elementary School			High School			Undergraduate College/University			Graduate/Profession al					
School Na and Locat																		
Years Comp	leted	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/De	gree						v											
Describe																		
Course of S Describe any spe training, apprent skills, and extra-ci activities	cialized iceship, urricular						]				1				1			
Describe any hor have receiv																		
State any addi information you fe helpful to us in co your applica	el may be nsidering								4								6	
	Ind					gn la	ngu	ages y				read,	and /	or w	rite			
		FLUENT								100E	<u>D</u>				FAIR			
SPEAK							_											
READ WRITE						_												
List profession You may exclude men												r handi	cap or o	ther pro	tected stat	us:		
	jije v															ų		

### References

Give name, address, and telephone number of three references who are not related to you and are not previous employers:

Have you ever had any job-related training in the United State Military? 
UP YES UP NO If Yes, please describe

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

# **Employment Experience**

Employer / Address		Dates E	mployed	Work Performed			
		From	То				
Telephone Number	(s):	Hourly R	ate/Salary				
Job Title		Starting	Final				
	Supervisor						
Reason for Leaving							
Employer / Address		Dates E	mployed	Work Performed			
		From	To	work renonned			
Telephone Number	(-).						
relephone Number	(5).	Hourly Ra Starting	ate/Salary Final				
Job Title	Supervisor	Starting	Final				
	(m)						
Reason for Leaving							
Employer / Address		Dates Er	nployed	Work Performed			
		From	То				
			_				
Telephone Number (	s):	Hourly Rate/Salary					
Job Title		Starting	Final				
Job 1 me	Supervisor						
Reason for Leaving							
Employer / Address		Dates Er	nployed	Work Performed			
		From	То				
Telephone Number (s):		Hourly Ra	te/Salary				
		Starting	Final				
Job Title	Supervisor						
Reason for Leaving			-				

If you need additional space, please continue on a separate sheet of paper.

#### **Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment 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 applicants are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FC	DR PER	SONNEI	DEPARTN	IENT USE ONLY
Arrange Interview Remarks				
Employed	24			ployment
Job Title		_ Hourly I	Rate/Salary	Department
By				Date
TES				