An Equal Opportunity Employer

Please Print					
Date	Last Name	First Name		Middle	
Present Addre	ess				
No. & Street		City	State		
Permanent A	ddress (if different from prese	ent address)			
No. & Street		City	State	-	
() Business Phone					
Employment	t Desired				
Position appl	ying for:				
Ũ	ular full-time work?				=
_	=	r holiday work?			
	nd hours are you available for				
		at period of time will you be ava			
Are you avail	lable for work on weekends?			Yes	s 🗌 No
Would you be	e available to work overtime,	if necessary?		Yes	s 🗌 No
If hired, on w	hat date can you start work?				
Salary desired	d:				

Personal Information		
Have you ever applied to or worked for	before?	☐ Yes ☐ No
If yes, when?		
Do you have any friends or relatives working for	?	☐ Yes ☐ No
If yes, state name(s) and relationship:		
Name	Relationship	
Name	Relationship	-
Why are you applying for work at	?	
If hired, would you have a reliable means of transportation to	o and from work? Yes	☐ No
Are you at least 18 years old? (If under 18, hire is subject to minimum legal age.)		□No
If hired, can you present evidence of your U.S. citizenship o and work in this country?		□No
Are you able to perform the essential functions of the job for with or without reasonable accommodation?		☐ No
If no, describe the functions that cannot be performed.		
(Note: We comply with the ADA and consider reasonable accommo perform essential functions. Hire may be subject to passing a medical		icants/employees to
Have you ever been convicted of a criminal offense (felony marijuana-related offenses that are more than two years old		☐ No
If yes, state nature of the crime(s), when and where con	nvicted, and disposition of the case.	
(Note: No applicant will be denied employment solely on the ground offense, the surrounding circumstances and the relevance of the offe		
Are you currently employed?	Yes	☐ No
If so, may we contact your current employer?	Yes	☐ No

me and Address me dress				No. of Years Completed	Did you Graduate?	Degree or Diploma
dress					Yes No	
dress						
y						
	State	Zip				
					Yes No	
me						
dress						
y	State	Zip				
					Yes No	
me						
dress						
y	State	Zip				
					☐ Yes ☐ No	
me				<u></u>		
dress						
y	State	Zip				
	dress dr	State State State State State State State State	State Zip State Zip Mress State Zip State Zip State Zip State Zip State Zip	State Zip State Zip State Zip State Zip State Zip State Zip State Zip	State Zip Iress Ires Ir	dress State Zip Yes No No No No No No No No No No

Answer the following questions if you are app						
Are you licensed/certified for the job applied for	?	Yes No				
Name of license/certification:		Issuing state:				
License/certification number:						
Has your license/certification ever been revoked If yes, state reason(s), date of revocation or		Yes No				
Employment History						
List below all present and past employment start Account for all periods of unemployment. You r						
Name of Employer	Telephone No.					
Type of Business	Your Supervisor's Name					
Address & Street	City State	Zip				
Dates of Employment: ${\text{From}}$ ${\text{To}}$	Weekly Pay:Starting	Ending				
Your Position and Duties						
Reason for Leaving						
May we contact this employer for a reference?		Yes No				
Name of Employer						
Type of Business	Your Supervisor's Name					
Address & Street	City State					
Dates of Employment: To	Weekly Pay: Starting	Ending				
Your Position and Duties						
Reason for Leaving						
May we contact this employer for a reference?		☐ Yes ☐ No				

Employment History, continued				
	Telephone No. Your Supervisor's Name			
Name of Employer				
Type of Business				
Address & Street	City State Zip			
Dates of Employment:	Weekly Pay:			
From To	Starting Ending			
Your Position and Duties				
Reason for Leaving				
May we contact this employer for a reference?	Yes No			
	()			
Name of Employer	Telephone No.			
Type of Business	Your Supervisor's Name			
Address & Street	City State Zip			
Dates of Employment:	Weekly Pay:			
From To	Starting Ending			
Your Position and Duties				
Reason for Leaving				
May we contact this employer for a reference?	Yes No			
Name of Employer	Telephone No.			
Type of Business	Your Supervisor's Name			
Address & Street	City State Zip			
Dates of Employment:	Weekly Pay:			
From To	Starting Ending			
Your Position and Duties				
Reason for Leaving				
May we contact this employer for a reference?	Yes No			
Note: Attach additional page(s) if necessary.				
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Military Service							
Have you obtained any If so, describe:	special skills or abilities a	as the result of serv	vice in the mil	itary?		Yes 🔲 1	No
							_
References							_
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First Name	s not related to you who h	lave knowledge of			mce within	the fast th	ree years.
That I valle	East Pulle		rerephone	10.		_	
Address & Street		City		State	Zip		
Occupation		No. of Years Acquainted					
			()	_			
First Name	Last Name		Telephone I	No.			
Address & Street		City		State	Zip		
Occupation		No. of Years Acquainted					
			()	_			
First Name	Last Name		Telephone I	No.			
Address & Street		City		State	Zip		
Occupation		No. of Years Acquainted					

Applicant's Signature

Please Read Carefully, Initial Each Paragraph and Sign Below I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I Initials 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 hereby authorize _ to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the Initials 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. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Initials Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative. Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Initials Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. I waive receipt of a copy of any public record described in the paragraph above.

Date