## **Employment Application**



## **Applicant Information**

Full Name:						Date:		
Address:	Last	First	First					
Address.	Street Address			Apartment/Unit #				
	City				State	ZIP Co	de	
Phone:	(Home)		Mobile:	<u> </u>				
SS Number	<del></del>	Email Address::			Are You 18 years or older?			
Position Ap	plied For		Date of Bir	rth				
Are you a citizen of the United States?		YES NO THE TENT NO	If no, are y		horized to work in		YES	NO
Have you e	ver been convicted of a felony?		If yes, exp	lain _				
Do you hav	e a Driver's License?	Driver's License N	umber					
Have you h	ad any moving violations within	the past three (3) years?						
	v type of impairment that would p	Education In						
High Schoo	ıl:	Address		<del>-</del>				
From:	To:		YES	NO				
College:		Address						
From:	To:	Did you graduate?	? □	NO	Degree:			
Other:		Address	:					
From:	To:	Did you graduate?	? □	NO	Degree:			
		<u>Referen</u>	<u>ices</u>					
	two, non-family, references.							
			ship:					
	)							
			ship:					
Phone: (	)							

## **Previous Employment**

Company:					Phone:	( )	
Address:					Supervisor:		
Job Title:		Starting	Salary:	\$		Ending Salary:	\$
Responsibilities:							
From:	To:	Reason for L	_eaving:				
May we contact your previous	ous supervisor for a ref	erence?	YES		10		
Company:					_ Phone:	( )	
Address:					Supervisor:		
Job Title:		Starting	Salary:	\$		Ending Salary:	\$
Responsibilities:							
From:	To:	Reason for L	_eaving:				
May we contact your previous	ous supervisor for a ref	erence?	YES		10		
Company:					Phone:	_( )	
Address:					Supervisor:		
Job Title:		Starting	Salary:	\$		Ending Salary:	\$
Responsibilities:							
From:	To:	Reason for L	_eaving:				
May we contact your previous	ous supervisor for a ref	erence?	YES	_	10		
		Military S	Service				
Branch:				From	٦٠	To:	
If other than honorab	le, please explain:						· · · · · · · · · · · · · · · · · · ·
**************************************				*****	*******	******	******
Are you available to work in				split sl	hifts, if applicab	ole?	
Please list your skills:					. , , ,		

Application Waiver Form: Please Read Carefully and initial each paragraph as well as sign at the end.
I certify that my answers are true and complete to the best of my knowledge.
In exchange for consideration of my job application, I agree to the following:
I authorize investigation of all statements contained in this application. I understand that any misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the company permission to contact schools, previous employers (unless otherwise indicated), references, DMV or other type law enforcement agency and others and hereby release the company from liability as a result of such contacts. My signature gives the company permission to do background, criminal and or sexual misconduct, checks as well as to perform verification of past employment situations.
I understand that the company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment and consent to and compliance with such policies is a condition of my employment. Continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related health questionnaire and/or physical exams.
I understand that in connection with the routine processing of this application, the company may request, from a consumer reporting agency, an investigative report including information as to my character, general reputation, mode of living and credit records. Upon written request from applicant, the company will provide additional information concerning the nature and scope of such report(s) as required by the Fair Credit Reporting Act.
Neither the acceptance of this application nor the subsequent entry into any type of employment relationship shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of the company or otherwise to change in any respect the employment at will relationship between the undersigned and the company. Both the undersigned and the company may end the employment relationship at any time, without specific notice or reason. If employed, the undersigned indicates understanding that the company may unilaterally change or revise benefits, policies and procedures and such changes may include reduction of any benefits. The company is considered a seasonal company is under no obligation to promise a set number of hours to any employee
Employment with the company shall be probationary for a period of 180 days from the date of first reporting to work and further that at any time during the probationary period or thereafter, my employment relationship with the company may be terminated at will for any reason by either party.
The company provides a smoke free and tobacco free working environment. Non compliance with this policy can result in termination of employment.

Date:

Print Name:

Signature: