AT-WILL EMPLOYMENT APPLICATION (PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but is merely intended to evaluate suitability for employment. It is the policy of the organization to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the organization to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon a successful completion of a background check and a drug test. This application will remain active for 180 days.

check and a drug test. This applie		emain active NAL INFO						
Name Last	First	Middle			ocial Security #			
Home Phone			Work Pho	ne				
Please list below your current addre	ss and your tw	vo other most	recent add	resses:				
Current Street	City		State		Zip	\$	Since (Mo./Yr.)	
Street	City		State		Zip	\$	Since (Mo./Yr.)	
Street	City	City State			Zip	S	ince (Mo/Yr.)	
		EDUCAT	ION					
High School Attended	County, State			Did you earn a Diploma?				
	, ,,	county, state			YES NO			
Undergraduate College Attended	City,	State						
Graduate College Attended	City, State Areas of St			Study	ndy Degree/Certificate/Diploma			
Trade, Business, or Other School	City,	State	Areas of	Areas of Study Degree/Certificate/		ificate/Diploma		
	EMPLOY	MENT IN	FORMA'	TION				
Position Applied For:	21/11/201	Date you can start work:					esired Salary:	
Do you prefer: Full-Time Part-T	me	Can you wor	rk: Weekei	nds? YES			? YES NO	
Please answer all of the following oback of this application to provide			y, note que	estion num	ber and u	se extra	paper or the	
1) Are you at least 18 years of age an	d legally eligil	ole for work ir	the United	l States?	YES	NO		
2) Will you work overtime if necessary?						NO		
3) Have you received a description of the job	or been made aw	are of the essenti	al functions of	f the job you ar	e applying f	for? YES	NO	
4) Do you understand the job requirements?					NO	(If no,	please explain.)	
5) Are you on layoff and subject to recall?					YES	NO		
6) Are you currently bound by a non-competition or trade secre				t? YES	NO	(If yes,	please explain.	
7) Have you ever been discharged or asked to resign from a job?				YES	NO	(If yes,	please explain.	
8) Have you ever been convicted of, or pled guilty to a felony or other crim				e? YES	NO	(If yes,	please explain.	
9) Do you have a pending conviction or guilty plea due to a felony or crime?					NO	(If yes,	please explain.	

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT AND PAST EMPLOYERS? YES NO							
Please list below your last three employers beginning with the most recent:							
Most Recent Employer	City	State Zip	Phone				
Position Held	Dates From/To	Pay Rate Upon Leaving Annual Hourly	Supervisor				
Duties		Reason for Leaving					
Next Most Recent Employer	City	State Zip	Phone				
Position Held	Dates From/To	Pay Rate Upon Leaving Annual Hourly	Supervisor				
Duties		Reason for Leaving					
Next Most Recent Employer	City	State Zip	Phone				
Position Held	Dates From/To	Pay Rate Upon Leaving Annual Hourly	Supervisor				
Duties	ı	Reason for Leaving					
	JOB-RE	LATED SKILLS					
Please answer the following questions if	the position you are	applying for requires driving a r	notor vehicle:				
1.) Do you have a valid driver's license? YES NO							
If YES: Driver's License Number:		State of Issue:					
2.) Have you been convicted of or pled a	guilty to any traffic-re	elated offense within the past fiv	e years? YES NO				
3.) Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? YES NO							
4.) Please list all states from which you hold or have held a driver's license:							
Please use this space to list any special skills you may have that relate to the position applied for:							
Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for. Include date granted, name of organization, and any other relevant information.							
1.							
2.							
3.							

APPLICANT'S CERTIFICATION AGREEMENT

- 1.) I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the organization from all liability which might result from making the investigation.
- 2.) I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
- 3.) I agree, if I am offered and accept a position, to conform to all existing and future organizational rules and regulations, and I understand that the organization reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.
- 4.) I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
- 5.) I have read and reviewed the information provided in this application and the above statements. By signing this application for employment, I certify that I understand all parts of it and have answered all questions completely and fully.

Signature Date

Please use the section below to provide explanations for the questions above, if necessary. Please include the question number you are providing an explanation for.