

# APPLICATION FOR EMPLOYMENT

THE COMPANY REVIEWS APPLICATIONS AND EMPLOYS PERSON WITHOUT REGARD TO RACE, CREED, COLOR, SEX, RELIGION, AGE, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, MARITAL STATUS, VETERANS' STATUS, CITIZENSHIP STATUS OR ANY OTHER CATEGORY PROTECTED BY LOCAL, STATE, OR FEDERAL LAW. IN ADDITION, THE COMPANY MAKES REASONABLE ACCOMMODATION OF THE NEEDS OF DISABLED APPLICANTS AND EMPLOYEES, SO LONG AS THIS DOES NOT CRATE AN UNDUE HARDSHIP ON THE COMPANY OR THREATEN THE HEALTH OR SAFETY OF OTHERS AT WORK. IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION LET US KNOW AND WE WILL PROVIDE ASSISTANCE. THE RECEIPT OF THIS APPLICATION DOES NOT MEAN THAT JOB OPENINGS EXIST AT OUR COMPANY AND DOES NOT OBLIGATE THE COMPANY IN ANY WAY. WE APPRECIATE YOUR INTEREST IN OUR COMPANY.

**PLEASE ANSWER ALL QUESTIONS. RESUMES ARE NOT ACCEPTED IN LIEU OF COMPLETIONS OF THIS APPLICATION.**  
**NOTE: THIS APPLICATION WAS DESIGNED TO USE WITH SEVERAL TYPES OF JOB POSITIONS. SOME QUESTION MAY NOT BE COMPLETELY APPLICABLE TO THE JOB POSITION YOU ARE SEEKING; HOWEVER, WE ASK THAT YOU ANSWER ALL QUESTIONS.**

\_\_\_\_\_  
 LAST NAME (PLEASE PRINT)                      FIRST                      MIDDLE                      SOCIAL SECURITY NUMBER                      DATE

\_\_\_\_\_  
 PRESENT ADDRESS:                      STREET                      CITY/STATE                      ZIP CODE                      TELEPHONE NUMBER

DO YOU HAVE LEGAL RIGHT TO WORK IN THIS COUNTRY?     YES     NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?     YES     NO

IF **YES**, GIVE DATES AND EXPLAIN. (ATTACH SEPARATE PAPER IF NECESSARY.)  
 A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.

ARE YOU OVER 18 YEARS OF AGE?     YES     NO                      POSITION APPLYING FOR:    \_\_\_\_\_

**EDUCATIONAL DATA**

| SCHOOL      | PRINT NAME, NUMBER AND STREET, CITY, STATE AND ZIP FOR EACH SCHOOL | # OF YEARS COMPLETED | DEGREE | MAJOR COURSE OF STUDY |
|-------------|--|----------------------|--------|-----------------------|
| HIGH SCHOOL |  |                      |        |                       |
|             |  |                      |        |                       |
| COLLEGE     |  |                      |        |                       |
|             |  |                      |        |                       |
| OTHER       |  |                      |        |                       |
|             |  |                      |        |                       |

OTHER SKILLS: LIST OTHER JOB-RELATED SKILLS OR QUALIFICATIONS THAT SUPPORT YOUR APPLICATION. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HONORS RECEIVED:

HAVE YOU HAD PRIOR EDUCATIONAL EXPERIENCE THAT RELATES TO THE JOB FOR WHICH YOU ARE APPLYING?     YES     NO

ARE YOU A VETERAN OF THE U.S. MILITARY SERVICE?     YES     NO    IF **YES**, WHICH BRANCH OF SERVICE?    \_\_\_\_\_

IF **YES**, BEGINNING AND ENDING DATE OF ACTIVE DUTY: FROM \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATE OF DISCHARGE FROM MILITARY SERVICE:

**EMPLOYMENT EXPERIENCE:**

**ALL FORMER JOBS** (LIST MOST RECENT JOB FIRST.) ACCOUNT FOR ALL TIME PERIODS INCLUDING **UNEMPLOYMENT, SELF-EMPLOYMENT, AND MILITARY SERVICE.** (ATTACH SEPARATE PAPER(S) IF NECESSARY.)

|                    |                                     |                      |
|--------------------|-------------------------------------|----------------------|
| EMPLOYER           | DATES EMPLOYED (FROM/TO)            | IMMEDIATE SUPERVISOR |
| ADDRESS            |                                     |                      |
| JOB TITLE          | HOURLY RATE/SALARY (STARTING/FINAL) | TELEPHONE NO.        |
| WORK PERFORMED     |                                     |                      |
| REASON FOR LEAVING |                                     |                      |

|                    |                                     |                      |
|--------------------|-------------------------------------|----------------------|
| EMPLOYER           | DATES EMPLOYED (FROM/TO)            | IMMEDIATE SUPERVISOR |
| ADDRESS            |                                     |                      |
| JOB TITLE          | HOURLY RATE/SALARY (STARTING/FINAL) | TELEPHONE NO.        |
| WORK PERFORMED     |                                     |                      |
| REASON FOR LEAVING |                                     |                      |

|                    |                                     |                      |
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| ADDRESS            |                                     |                      |
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| WORK PERFORMED     |                                     |                      |
| REASON FOR LEAVING |                                     |                      |

|                    |                                     |                      |
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| EMPLOYER           | DATES EMPLOYED (FROM/TO)            | IMMEDIATE SUPERVISOR |
| ADDRESS            |                                     |                      |
| JOB TITLE          | HOURLY RATE/SALARY (STARTING/FINAL) | TELEPHONE NO.        |
| WORK PERFORMED     |                                     |                      |
| REASON FOR LEAVING |                                     |                      |

TELL US ABOUT A FAVORITE FOOD EXPERIENCE; NO CATASTROPHES PLEASE, WE'VE ALL HAD THEM! FOR EXAMPLE: DESCRIBE A MEAT THAT WAS AMAZING OR SURPRISING, COMFORT FOODS FROM YOUR CHILDHOOD THAT EVOKE MEMORIES, PEOPLE WITH WHOM YOU HAVE SHARED A MEMORABLE MEAL...

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HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT? \_\_\_ YES \_\_\_ NO  
IF YES, PLEASE EXPLAIN. \_\_\_\_\_  
\_\_\_\_\_

ARE YOU NOW EMPLOYED? \_\_\_ YES \_\_\_ NO ARE YOU ON A LAYOFF? \_\_\_ YES \_\_\_ NO

ARE YOU SUBJECT TO RECALL? \_\_\_ YES \_\_\_ NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_ YES \_\_\_ NO PREVIOUS EMPLOYERS? \_\_\_ YES \_\_\_ NO

PLEASE IDENTIFY ANY EXCEPTIONS AND REASONS FOR NOT CONTACTING PRIOR EMPLOYERS: \_\_\_\_\_  
\_\_\_\_\_

ARE THERE ANY HOURS, SHIFTS OR DAYS YOU WILL NOT WORK? \_\_\_ YES \_\_\_ NO  
IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

TOTAL HOURS AVAILABLE PER WEEK \_\_\_\_\_ DATE AVAILABLE TO START \_\_\_\_\_

DETAILED AVAILABILITY (INDICATE HOURS AVAILABLE EACH DAY):

|      | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|------|--------|---------|-----------|----------|--------|----------|--------|
| FROM |        |         |           |          |        |          |        |
| TO   |        |         |           |          |        |          |        |

DO YOU HAVE TRANSPORTATION TO WORK? \_\_\_ YES \_\_\_ NO

WILL YOU WORK OVERTIME IF ASKED \_\_\_ YES \_\_\_ NO

DO YOU HAVE ANY FRIENDS OR RELATIVES WHO WORK HERE? \_\_\_ YES \_\_\_ NO

|            |                    |
|------------|--------------------|
| NAME _____ | RELATIONSHIP _____ |
| NAME _____ | RELATIONSHIP _____ |

**CHARACTER REFERENCES**

LIST THREE PERSONS **NOT RELATED TO YOU**, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR:

|   | NAME  | ADDRESS AND TELEPHONE | OCCUPATION |
|---|-------|-----------------------|------------|
| 1 | _____ | _____                 | _____      |
| 2 | _____ | _____                 | _____      |
| 3 | _____ | _____                 | _____      |

LIST BELOW ANY OTHER INFORMATION OR REMARKS THAT YOU WISH TO HAVE CONSIDERED AS A PART OF YOUR APPLICATION FOR EMPLOYMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER FILED AN APPLICATION HERE BEFORE? \_\_\_ YES \_\_\_ NO IF YES, GIVE DATE: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? \_\_\_ YES \_\_\_ NO IF YES, GIVE DATES: \_\_\_\_\_

**APPLICANT'S STATEMENT**

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE INVESTIGATION OF ALL MATTERS CONTAINED IN THIS APPLICATION AND HEREBY GIVE THE EMPLOYER PERMISSION TO CONTACT SCHOOLS, PREVIOUS EMPLOYERS, REFERENCES, AND OTHERS, AND HEREBY RELEASE THE EMPLOYER FROM A ANY LIABILITY AS A RESULT OF SUCH CONTACT. I UNDERSTAND THAT MISINTERPRETATIONS, OMISSIONS OF ACTS OR INCOMPLETE INFORMATION REQUESTED IN THIS APPLICATION MAY REMOVE ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT. IN ADDITION, IF EMPLOYED, ANY MISREPRESENTATIONS OR OMISSIONS OF FACTS CALLED FOR IN THIS APPLICATION WILL BE CAUSE FOR DISMISSAL AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

EMPLOYMENT AT THE company IS ON A "AT-WILL" BASIS. I UNDERSTAND THAT MY EMPLOYMENT WITH THE EMPLOYER IS FOR NO SPECIFIC TERM AND MAY BE TERMINATED BY ME OR THE EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE EMPLOYER'S PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTES AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN THE EMPLOYER AND ME.

THE CONTENTS OF ANY EMPLOYEE HANDBOOK OR PERSONNEL MANUALS, AS WELL AS OTHER EMPLOYER POLICIES AND PRACTICES, ARE SUBJECT TO CHANGE OR MODIFICATION BY THE EMPLOYER, SOLELY AT ITS DISCRETION, WITHOUT NOTICE. I ALSO UNDERSTAND THAT NO SUPERVISOR OR OTHER OFFICIAL OF THE EMPLOYER (EXCEPT ITS SENIOR MANAGEMENT, IN WRITING) HAS THE AUTHORITY TO ENTER IN TO ANY AGREEMENT WITH ME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

WE RESERVE THE RIGHT TO REQUIRE A DRUG SCREEN OF ANY APPLICANT OR EMPLOYEE, WHENEVER, IN THE OPINION OF THE MANAGEMENT, THIS IS NECESSARY.

THIS APPLICATION WILL REMAIN ACTIVE FOR NINETY (90) DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND NINETY (90) DAYS SHOULD REAPPLY.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_