



For Office Use Only

Date Received: _____, 20__

Received by: _____

Comments: _____

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position (s) applied for: _____ Name of Referral (if applicable) _____

Referral Source Advertisement Employee Relative Walk-In Other

Name _____ Date of Birth _____
 Last First Middle

Address _____ Social Security # _____

Please Indicate the best Number/Time to contact you _____
 Home Phone am/pm Cell Phone am/pm

Email Address _____

Do you need any extended period of time off in the next year? Yes No If yes, why? _____

❖ IMPORTANT NOTE: This position has a wide variety of hours and shifts 7 days per week, 365 days per year and requires flexible availability. Preference is given to those who are available to work any day at any time. Currently, there are NO third shifts, and possible shifts could be between the hours of 5:00am – 10:00pm.

Are you available to work any shift that would be assigned to you? Yes No

If you answered no, please explain: _____

Have you ever been employed here before? Yes No If yes, give dates: From ___/___/___ To ___/___/___

Date Available for Work: ___/___/___ Desired Number of Hours per Week: _____

Will you work overtime, if required? Yes No If no, please explain: _____

Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please explain: _____

_____ CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT; EACH INSTANCE & EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING

Educational Background

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Major or Minor

| A. School | B. # of Yrs Completed | C. Degree/Diploma | D. Major/Minor |
|-----------|-----------------------|-------------------|----------------|
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Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform the job-related functions in the position for which you are applying. _____

Special accomplishments, publications, awards, etc. (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) _____

List any additional information you would like us to consider. _____

Employment History

Provide the following information about your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). **Please provide at least the past five (5) years.** If there was a gap in time when you were **NOT** working, please explain why in the comment section below.

| | | | | |
|----------------------|-------------------------------|-----------------------------|---|--------------------|
| Employer | Telephone | Dates Employed From To | Summarize the Type of Work Performed and Job Responsibilities | Reason for Leaving |
| Immediate Supervisor | May we contact? Yes No | Starting Hourly Rate/Salary | Final Hourly Rate/Salary | |
| Employer | Telephone | Dates Employed From To | Summarize the Type of Work Performed and Job Responsibilities | Reason for Leaving |
| Immediate Supervisor | May we contact? Yes No | Starting Hourly Rate/Salary | Final Hourly Rate/Salary | |
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| Immediate Supervisor | May we contact? Yes No | Starting Hourly Rate/Salary | Final Hourly Rate/Salary | |

Comments _____

References

List name and telephone number of three (3) work and/or professional references who are **NOT** related to you. If you do not have three (3) professional references, list school or personal references who are **NOT** related to you.

| Name | Position/Title | Telephone Number | Years Known |
|------|----------------|------------------|-------------|
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Acknowledgement

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's services, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 90 days. At the conclusion of this time, I understand that if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization, and submit to random urine drug screenings.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date of Application _____