

Application for Employment

OUR COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER THAT DOES NOT DISCRIMINATE ON THE BASIS OF SEX, PREGNANCY, AGE, RACE, COLOR, CREED, RELIGION, MARITAL STATUS, CIVIL UNION, FAMILIAL STATUS, DOMESTIC PARTNERSHIP, NATIONAL ORIGIN, ANCESTRY, AFFECTIONAL OR SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, GENETIC INFORMATION, ATYPICAL HEREDITARY CELLULAR OR BLOOD TRAIT, DISABILITY, LIABILITY FOR SERVICE IN THE UNITED STATES ARMED FORCES, CITIZENSHIP OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL, STATE OR LOCAL LAWS. OUR COMPANY WILL MAKE A REASONABLE ACCOMMODATION TO KNOWN PHYSICAL OR MENTAL LIMITATIONS OF A QUALIFIED APPLICANT OR EMPLOYEE WITH A DISABILITY UNLESS THE ACCOMMODATION WOULD IMPOSE AN UNDUE HARDSHIP ON THE OPERATION OF THE COMPANY. NO QUESTIONS ON THIS APPLICATION ARE ASKED FOR ANY UNLAWFUL PURPOSE.

DATE _____

PERSONAL INFORMATION

NAME _____
 last first middle initial

ADDRESS _____
 street city state zip code

TELEPHONE _____
 area code & number

ARE YOU 18 YEARS OF AGE OR HAVE A WORK PERMIT? Yes _____ No _____

ARE YOU EITHER A U.S CITIZEN OR AN ALIEN WHO IS AUTHORIZED TO WORK IN THE U.S.?
Yes _____ No _____

(IF YOU ANSWER "YES", YOU MUST COMPLETE THE I-9 FORM REQUIRED BY THE U.S. IMMIGRATION AND NATURALIZATION SERVICE NO LATER THAN THREE (3) BUSINESS DAYS AFTER YOUR DATE OF HIRE.)

EMPLOYMENT DESIRED

POSITION FOR WHICH YOU ARE APPLYING: _____

FULL-TIME _____ PART-TIME _____ FILL-IN _____ SUMMER _____

DATE OF AVAILABILITY _____

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THIS COMPANY? _____

WHEN? _____

WERE YOU EVER EMPLOYED BY THIS COMPANY? _____

WHEN? _____

IN WHAT POSITION? _____

SPECIAL SKILLS: _____

OTHER (INCLUDE MACHINES OPERATED) _____

AFTER COMPLETING THE REMAINDER OF THIS APPLICATION, PLEASE OBTAIN A JOB DESCRIPTION FOR THE POSITION YOU SEEK AND ANSWER THE FOLLOWING QUESTION:

CAN YOU PERFORM THE ESSENTIAL JOB FUNCTIONS WITH OR WITHOUT AN ACCOMMODATION? Yes _____ No _____

EDUCATION

HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4

NAME OF LAST SCHOOL ATTENDED _____

VOCATIONAL OR TRADE SCHOOL _____

COURSE OF STUDY _____

REFERENCES

NAME AND OCCUPATION

ADDRESS

PHONE NUMBER

FORMER EMPLOYERS

LIST BELOW YOUR WORK EXPERIENCES, STARTING WITH YOUR PRESENT OR LAST PLACE OF EMPLOYMENT.

Date Employed	Name & Address of Employer	Name of Supervisor	Reason For Leaving

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES _____ NO _____

APPLICANT'S STATEMENT

I understand that any misstatement, omission or misleading information given in my application, resume or interview or in connection with other company records may result in the rejection of my application, the withdrawal of any offer of employment or my dismissal.

I authorize an investigation of all statements contained in this application for employment. I release from all liability and responsibility all persons and entities requesting or supplying information about any information provided on this application, including my present employer.

I acknowledge that any offer of employment is contingent upon my completing the pre-employment medical examination and/or inquiry to the satisfaction of the Company. Such medical exam and/or inquiry may include a pre-employment drug test. My offer of employment may be revoked if it is determined that I cannot perform the essential job functions of the position with or without a reasonable accommodation, or if providing a reasonable accommodation would impose an undue hardship on the company or if my employment would pose a direct threat of substantial harm to myself or others.

I understand that any employment with the company will be on a 180 day introductory basis. I understand that if employed by the company both during and subsequent to my introductory period, I will be an employee at-will, which means that I can voluntarily end my employment or be terminated at any time without cause or notice. No statement, whether written or oral, by any company representative other than a written statement signed by the President may vary the foregoing.

Waiver of jury trial – I voluntarily and knowingly, waive trial by jury in any litigation brought in federal or state court relating to or arising out of my employment with the Company or any of its subsidiaries, including claims of wrongful or retaliatory discipline or discharge; claims under Title VII of the Civil Rights Act, Title IX, Americans with Disability Act, Age Discrimination in Employment Act, Employee Retirement Income Security Act, Fair Labor Standards Act, and any other applicable non-discrimination, employment or wage and hour statutes under state law. I understand that I have the right to consult with anyone, including an attorney, before agreeing to this waiver

Date: _____ Signature: _____