

APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, medical condition, military or veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

Date of Application

Street Address	City	State	ZIP Code		
Sciecci italiess		City	State	Zii Code	
Main Phone Number	Alternate Phone Number	Email			
Main Phone Number Alternate Phone Numb		Linati			
EMPLOYMENT EXPERIENCE					
List the names of your present of	or previous employers in chro	onological order with	present or most	recent employer listed	
first. Be sure to account for all	periods of time. If self-emp	loyed, give firm nam	ne and supply bus	siness references. Ado	
additional page if necessary.					
Name of Employer (Most Recent)		Supervisor	pervisor May we contact?		
			☐ Yes ☐ No		
Street Address			,		
Phone Number		Dates Employed (Month/Year)			
		From	То		
Job Title and Duties	Reason for Leaving				
Name of Employer		Supervisor	May w	e contact?	
Name of Employer		Supervisor	May w □ Yes		

Position(s) Applied for

Print Name (Last, First, & Middle)

Phone Number	Dates Employed (Month/Yea	ir)	
	From	То	
Job Title and Duties	Reason for Leaving		
Name of Employer	Supervisor	May we contact?	
		☐ Yes ☐ No	
Street Address			
Phone Number	Dates Employed (Month/Year)		
	From	То	
Job Title and Duties	Reason for Leaving		
Have you ever been involuntarily terminated or asked to res	sign from any job?	Yes 🗆 No	
If yes, explain.			
i yes, explain.			
Explain any gaps in your employment history.			

•	perience, job-related s d be considered in eva		•		• •	alifications that
j = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =			4			
EDUCATION						
	ucational background	in the table	provided bel	ow.		
	School Name		Years Completed	Diploma/ Degree	Area of Study/I	Маjor
High School						
College/ University						
Graduate/ Professional School						
Trade School						
Other						
	DFESSIONAL REFERENCES				1	
List three professional references of inc Name and Title		dividuals who are not related to you. Relationship		Phone Number or Email		
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					1	
GENERAL INFORMA	ATION					
1. Have you	ever used another na	me?	•••••		Yes	□No
	ditional information re					
	check on your work an					∕es □ No
If yes to	either of the above,	provide the	e additional i	information:		

3.	Have you ever worked for this organization before? ☐ Yes ☐ No
	If yes, give dates and position:
4.	On what date are you available to begin work?
5.	Are you available to work? \square Full-time \square Part-time \square Shift Work \square Temporary
6.	If hired, would you have a reliable means of transportation to and from work? \square Yes \square No
7.	Can you travel if the position requires it? \square Yes \square No
8.	Can you relocate if the position requires it? \square Yes \square No
9.	Are you at least 18 years old? ☐ Yes ☐ No
	Note: If under 18, hire is subject to verification that you are of minimum legal age.
10.	If hired, can you present evidence of your identity and legal right to work in this country? \square Yes \square No
11.	Are you able to perform the essential job functions of the job for which you are applying with or without
	reasonable accommodation? \square Yes \square No
	Note: We comply with the ADA and consider reasonable accommodation measures that may be
	necessary for qualified applicants/employees to perform essential job functions.

APPLICANT STATEMENT AND AGREEMENT Read and initial each paragraph below. If there is anything that you do not understand, please ask. ____ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. ____ If I am employed by the Company, I understand that I am required to comply with all rules and regulations of the Company. ____ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications. ____ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health. ____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. ____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard. ____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREED TO ALL OF THE ABOVE TERMS.

Name (print): Date: