

You may attach a resume, but all questions **must** be answered.

Personal Information					
Last	First	MI	SSN#	Email	
Street Address	City	St	Zip	Home Phone	Mobile Phone
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:			Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch		
			Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No War		
How did you hear about this position?			Type of Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
			Driver's License Information: Number State		
What position are you applying for?			Today's Date	Expected Hourly Rate	Date Available
Were you ever employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide dates:			Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No Give Date(s) & Position(s)		

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? Yes No Need more information before responding

Prior Work Experience

Current or Most Recent

Employer					
Address					
Phone					
Position/Job Title					
Dates of Employment	From	To	Final Pay		
Duties					
Reason for Leaving				May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Immediate Supervisor					
Supervisor's Email				Supervisor's Telephone	

Prior

Employer					
Address					
Phone					
Position/Job Title					
Dates of Employment	From	To	Final Pay		
Duties					
Reason for Leaving				May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Immediate Supervisor					
Supervisor's Email				Supervisor's Telephone	

Employer		
Address		
Phone		
Position/ Job Title		
Dates of Employment		Final Pay
From	To	
Duties		
Reason for Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Immediate Supervisor		
Supervisor's Email		Supervisor's Telephone

Education						
Name/Location	Last Year Complete				Degree	Major or Emphasis
High School		9	10	11	12	
College/University		1	2	3	4	
Trade School						
Other						
List any applicable special skills, training, proficiencies, licenses, certifications or accomplishments						

References
List names and related information of three business/work references who are not related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

	Reference 1	Reference 2	Reference 3
Name			
Address			
Telephone			
Email			

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

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

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

This company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his/her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, sexual orientation or any other protected status under applicable federal, state or local law.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

Disclaimer - By signing, I hereby certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature	Date
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