

Equal access to programs, services, and employment opportunities is available to all persons without regard to sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modify testing conditions.

Date of Application: _____

Name: _____
Last First Middle

Address: _____
Street City State ZIP Code

Email Address: _____ Phone: (____) _____

Position Applied for: _____ Desired Shift: 1 2 Any

Special training or skills (languages, machine operation, etc.) that would benefit you in the job for which you are applying:

U.S. Military or Naval Service: Yes No Rank: _____ National Guard/Reserve Member: Yes No

Would you accept full-time work? Yes No Would you accept part-time work? Yes No

Date available for work: _____ Desired Salary: _____

Have you ever been employed here? Yes No Are you lawfully authorized to work in the United States? Yes No

If you are under 18 years old, can you furnish a work permit if required? Yes No

Did someone refer you? Yes No If so, please name: _____

Educational Background (Starting with your most recent school attended, provide the following information):

School (include City and State)	Years Completed	Completed	GPA/Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: _____ <input type="checkbox"/> Certification: _____ <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: _____ <input type="checkbox"/> Certification: _____ <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: _____ <input type="checkbox"/> Certification: _____ <input type="checkbox"/> Other: _____		

Employment History (Starting with your most recent employer, provide the following information. You may include any verified work performed on a volunteer basis):

Employer		Telephone #	
Street Address		City	State
Starting Job Title/Ending Job Title		Dates Employed	Month / Year to Month / Year
Immediate Supervisor and Title (for most recent position)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Email:
Summarize work performed and job responsibilities.			
Reason for Leaving	Salary	What did you like about the position?	
Employer		Telephone #	
Street Address		City	State
Starting Job Title/Ending Job Title		Dates Employed	Month / Year to Month / Year
Immediate Supervisor and Title (for most recent position)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Email:
Summarize work performed and job responsibilities.			
Reason for Leaving	Salary	What did you like about the position?	
Employer		Telephone #	
Street Address		City	State
Starting Job Title/Ending Job Title		Dates Employed	Month / Year to Month / Year
Immediate Supervisor and Title (for most recent position)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Email:
Summarize work performed and job responsibilities.			
Reason for Leaving	Salary	What did you like about the position?	

Application 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, résumé, 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 that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limited 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 60 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.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or 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 supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization 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 reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ **Date:** _____