EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

- 1. Please read "APPLICANT NOTE" below.
- 2. Complete both sides of this form.
- 3. If more space is needed to complete any question, use comments section on the back.
- 4. Print clearly; incomplete or illegible applications will not be processed.
- 5. Do not fill out any other attached forms until

TODAY'S DATE:		1105	
NAME: Last First SOCIAL SECURITY NUMBER:	Middle	Maiden	
HOME PHONE:	WORK PHONE:		
CURRENT ADDRESS:	Street Address & Apartment Number		
PREVIOUS ADDRESS:	State Street Address & Apartment Number	Zip	
EMERGENCY CONTACT:	State	Zip	
		Phone	

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate

questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. Additional testing for

the presence of illegal drugs in your bod	y may be required prior to employment.	mileo. Hadin	onar coung to
AVAILABILITY	For which position are you applying?		
What date can you start?	What category would you prefer: Full-time Pa	art-time \(\Pi\)	Temporari
For which schedules are you available? [☐ Weekdays ☐ Weekends ☐ Overtime ☐ Other	are time: G	тетрогату
EDUCATION	Please circle highest grade completed. 7 8 9 10 11		
NAME	CITY/STATE		1) 10 10+ DUATE?
HIGH SCHOOL		☐ YES	D NO
COLLEGE		☐ YES	☐ NO
OTHER		☐ YES	ON D
☐ Yes ☐ No If the job requires, of	do you have the appropriate valid driver's license? Class/Type: State of Issu	16.	
Please list any other skills, licenses or cert	tificates that may be job-related or that you feel would be of value to	this job or co	ompany.
🔟 Yes 🔟 No 💎 Do you understand t	n a position description or had the requirements of the job explained these requirements? Form the essential functions of the job for which you are applying?	to you?	
SECURITY	List states and counties of residence for the past seven years	s·	
🗅 Yes 👊 No 💢 Have you had any n	noving traffic violations? Please describe:	··	
☐ Yes ☐ No Have you used any i	names or Social Security Numbers other than those on this application	n? If so, pleas	se list on back
🗀 Yes 🗀 No 💛 Have you been conv	victed of a felony and/or served time in the past seven years? If so, ple	ease describe	e below.
(A conviction will INCIDENT	be judged on its own merits with respect to time, circumstances and circumstances and circumstances.	seriousness.)	

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