



EMPLOYMENT APPLICATION

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
 (Application must be completed in full even if attaching a resume. Application is void 90 days after completion.)

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

PERSONAL

| | |
|--|------------------------|
| FULL NAME | SOCIAL SECURITY NUMBER |
| PRESENT ADDRESS | CONTACT PHONE # |
| HAVE YOU EVER WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR. | |
| HAVE YOU EVER APPLIED TO THE COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR. | |
| HOW WERE YOU REFERRED: | |

GENERAL INFORMATION

| IF YOU ARE UNDER AGE 18, PLEASE STATE YOUR AGE: | | | | | | | |
|---|--|--|--|--|--|--|--|
| ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT, PROVIDE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: | | | | | | | |
| HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: | | | | | | | |
| HOURS AVAILABLE | MON | TUE | WED | THUR | FRI | SAT | SUN |
| FROM | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. |
| TO | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. |
| WAGE EXPECTED | | | | ARE YOU AVAILABLE TO WORK OVERTIME? | | | |

EMPLOYMENT HISTORY

| | | | | | |
|--|-----------------|------|-----|-----------------------|--|
| 1 | EMPLOYER | FROM | | STARTING SALARY \$ | REASON FOR LEAVING (Please Explain) |
| | | MO. | YR. | | |
| | JOB TITLE | TO | | | |
| | | MO. | YR. | ENDING SALARY \$ | |
| NAME OF SUPERVISOR | | | | | |
| MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO PHONE # | | | | | |
| 2 | EMPLOYER | FROM | | STARTING SALARY \$ | REASON FOR LEAVING (Please Explain) |
| | | MO. | YR. | | |
| | JOB TITLE | TO | | | |
| | | MO. | YR. | ENDING SALARY \$ | |
| NAME OF FORMER SUPERVISOR | | | | | |
| MAY WE CONTACT FORMER EMPLOYER(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO PHONE # | | | | | |

NOTIFICATION AND AGREEMENT

Questions regarding this statement should be directed to any employment interviewer before signing. Receipt of the application does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, sex, race, religion, color, sexual orientation, gender identity, national origin, citizenship status, marital status, genetic information, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local Law.

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the Company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the Company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the General Manager and Chief Operating Officer, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____

Notes:

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