Standard Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions <u>must</u> be answered.

"Employer"					Position applying for							
PERSONAL DATA	-											
Name (last, first, middle)												
Street Address and/or Maili	ng Address				City				State	Zip	Zip	
Home Telephone Number	one Number Busines			Business Telephone Number Cellular				ar Telephone Number				
Date you can start work	Date you can start work			Salary Desired			Do you have a High School Diploma or GED? Yes □ No □					
POSITION INFORMATION Check all that you are willing to work												
Hours: Full Time Part Time	Part Time Days Evenings			Swing Graveyard Weekends				Status: Regular Temporary				
Are you authorized to work	in the U.S.	on an unrestricted	basis?			Yes No						
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) Yes No If yes, explain:												
Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job? Yes \text{No} \text{No} \text{D}												
Can you perform these essential functions of the job with or without reasonable accommodation? Yes No												
QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.												
	School Name				Degree Address/City/State					ate		
School	ool .											
School												
Other												
SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.										ons/teams, etc.		
REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.												
Name		Address/City/State					Ph	one	R	Relationship		
		*										

WORK HISTORY Start with your present or most recent emp	ployment and work b	oack. Use separate sheet if necessary	(INCLUDE PAID AND UNPAID POSITIONS)			
Job Title #1	Start Date (mo	day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's N	ame	Phone Number			
City	State		Zip			
Duties:			1			
		To the state of	In II. o.			
Reason for Leaving		Starting Salary	Ending Salary			
May we contact your present employer?	Yes 🗌	No N/A				
Job Title #2	Start Date (mo.	/day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's N	ame	Phone Number			
City	State		Zip			
Duties:			•			
Reason for Leaving		Starting Salary	Ending Salary			
Job Title #3	Start Date (mo.	/day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's N	ame	Phone Number			
City	State		Zip			
Duties:	'		•			
Reason for Leaving		Starting Salary	Ending Salary			
Job Title #4	Start Date (mo	/day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's N	ame	Phone Number			
City	State		Zip			
Duties:			1			
Reason for Leaving		Starting Salary	Ending Salary			
I certify that the facts set forth in this Application for apployed, false statements, omissions or misrepresentations mat forth in this application and release the Employer from any I acknowledge and understand that the company is an apployee) may resign at any time, just as the employer may terrusthout notice to the other party.	y result in my dist liability. The emp "at will" employe	missal. I authorize the Employer loyer may contact any listed refe er. Therefore, any employee (reg	to make an investigation of any of the fact- erences on this application. gular, temporary, or other type of category			
pplicant Signature		Date				

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