

|  | EMPL                   | OYMENT A   | PPLICA        | TION               | FORM               | 1                       |             |               |  |
|--|------------------------|--|---------------|--------------------|--------------------|-------------------------|-------------|---------------|--|
| Client Company's Name:   |                        |  |               |                    |                    |                         |             |               |  |
| Applicant Name:  |                        |  |               |                    | Т                  | oday's Date:            |             |               |  |
|  |                        |  |               |                    |                    |                         |             |               |  |
| Address:   |                        |  |               |                    | F                  | lome Phone #:           |             |               |  |
| City   |                        | State:   | Zip Code:     |                    |                    | Cell Phone #:           |             |               |  |
| City:  |                        | State.   | Zip Code:     |                    |                    | Cell Filone #.          |             |               |  |
| Social Security Number:  |                        | Email Address:   |               |                    |                    |                         |             |               |  |
|  |                        | A. cilabla   |               |                    |                    |                         |             |               |  |
| Position Applying for 1:   |                        | Available Days: Sund   | ]             | ☐<br>Tuesday       | Wednesday          | ☐<br>Thursday           | ☐<br>Friday | ☐<br>Saturday |  |
| Position Applying for 2:   |                        | Available<br>Time:   | ime:          |                    |                    |                         |             |               |  |
|  |                        | Regular Office Hours Swing Shift   |               |                    | -                  | Graveyard No Preference |             |               |  |
| Employment Desired:  | _                      | Are you currently Yes Have you ever been convicted of a felony (necessarily disqualify you)? |               |                    | , ,                | onviction will not      |             |               |  |
| ☐ Full – Time ☐ Part   |                        | employed?  No  Yes   |               |                    |                    | ] No                    |             |               |  |
| Are you legally eligible for   |                        | Are you over the age of 18 years old?  |               |                    | rs old?            |                         |             | □<br>Na       |  |
| Proof of eligibility will be red   | quired upon employment | Yes No If no, you may be required to provide authorize                                       |               |                    | ovide authorizatio | n                       | Yes         | No            |  |
| EDUCATION  |                        |  |               |                    |                    |                         |             |               |  |
| Name of High School Atte   | nded:                  | Name of Vocational School Attended:  |               | Name of Colle      | ge Attended:       |                         |             |               |  |
| Did you graduate?  |                        | # Years Completed:   | Did you gradu | ıate?              | # Years Comp       | oleted: Di              | d you grad  | luate?        |  |
|  | Yes No                 |  | ☐ Yes         | ☐ No               | 5 1 1 / 5          |                         | ☐ Yes       | S □ No        |  |
| Achievements:  |                        | Associate's Degree:  |               | Bachelor's Degree: |                    |                         |             |               |  |
| Other Schools / Training / Seminars Attended; Course Completed; Month and Year of Attendance:                            |                        |  |               |                    |                    |                         |             |               |  |
|  |                        |  |               |                    |                    |                         |             |               |  |
|  |                        |  |               |                    |                    |                         |             |               |  |
|  |                        |  |               |                    |                    |                         |             |               |  |
|  |                        |  |               |                    |                    |                         |             |               |  |
|  |                        | WORK E   | XPERIE        | NCE                |                    |                         |             |               |  |
|  | (List your work ex     | cperience for the las  |               |                    | th the most        | current)                |             |               |  |
| EMPLOYER #1 Employer Name:   |                        | Position Held / Title:   |               | Dates:             |                    | Starting Sala           | ny En       | ding Salary:  |  |
| Employer Name.   |                        | rosidon nela / nde.  |               | Dates.             |                    | \$                      | \$          | uilig Salaiy. |  |
| Address (Street, City, State & Zip):   |                        | Phone  |               | Phone #            | ·:                 |                         |             |               |  |
|  |                        |  |               |                    |                    |                         |             |               |  |
| Reason for Leaving:  |                        | May We Contact Your Employer?  |               | Supervisor's Name: |                    |                         |             |               |  |
|  |                        | ☐ Yes ☐ No   |               |                    |                    |                         |             |               |  |
| List all jobs held, duties performed, skilled used or learned, advancements/promotions while you worked at this company: |                        |  |               |                    |                    |                         |             |               |  |
|  |                        |  |               |                    |                    |                         |             |               |  |
|  |                        |  |               |                    |                    |                         |             |               |  |
|  |                        |  |               |                    |                    |                         |             |               |  |



## WORK EXPERIENCE (cont.) (List your work experience for the last 7 years, beginning with the most current) **EMPLOYER #2** Company Name: Position Held / Title: Dates: Starting Salary: Ending Salary: Address (Street, City, State & Zip): Phone #: Reason for Leaving: May We Contact Your Employer? Supervisor's Name: ☐ Yes ☐ No List all jobs held, duties performed, skilled used or learned, advancements/promotions while you worked at this company: **EMPLOYER #3** Company Name: Position Held / Title: Dates: Starting Salary: Ending Salary: Address (Street, City, State & Zip): Phone #: Reason for Leaving: May We Contact Your Employer? Supervisor's Name: ☐ Yes ☐ No List all jobs held, duties performed, skilled used or learned, advancements/promotions while you worked at this company: **SKILLS** Describe any specialized training, apprenticeships, licenses or skills: FOR DRIVING POSITIONS ONLY: Driver's License #: State: Expiration Date: Have you been convicted of any moving violations within the last 5 years? ☐ Yes ☐ No *If yes, please provide dates and details below:*



| REFERENCES  |   |                     |  |  |  |  |  |  |  |
|---|---|---------------------|--|--|--|--|--|--|--|
| Company Name:   | Name & Position:  |                     |  |  |  |  |  |  |  |
| Company Name.   | Name & Position.  |                     |  |  |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |  |  |
| Address:  |   | Phone #:            |  |  |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |  |  |
| Company Name:   | Name & Position:  |                     |  |  |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |  |  |
| Address:  | L   | Phone #:            |  |  |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |  |  |
| APPLICANT ACKNOWLEDGEMENT & AUTHORIZATION   |   |                     |  |  |  |  |  |  |  |
| PLEASE READ CAREFULLY BEFORE SIGNING  |   |                     |  |  |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |  |  |
| In exchange for the consideration of my job application with  | (hereinafter called   |                     |  |  |  |  |  |  |  |
| the "Company"), I agree that:   |   | (Hereinalter called |  |  |  |  |  |  |  |
| are company // ragice that  |   |                     |  |  |  |  |  |  |  |
| Neither the acceptance of this application nor the subsequent entry int   |   |                     |  |  |  |  |  |  |  |
| for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and   |   |                     |  |  |  |  |  |  |  |
| the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment,  |   |                     |  |  |  |  |  |  |  |
| or to confer any right to remain an employee of the Company or other  |   |                     |  |  |  |  |  |  |  |
| between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice   |   |                     |  |  |  |  |  |  |  |
| or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such  |   |                     |  |  |  |  |  |  |  |
| changes may include reduction in benefits.  |   |                     |  |  |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |  |  |
| I authorize investigation of all statements contained in this application.  |   |                     |  |  |  |  |  |  |  |
|   | for is cause for dismissal at any time without previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references and others, and hereby release the Company from any liability as a result of such contact. |                     |  |  |  |  |  |  |  |
| Carriess outletwise maleated for references and outlets, and hereby release the company from any hability as a result of such contact.  |   |                     |  |  |  |  |  |  |  |
| I also understand that 1) the Company has a drug and alcohol policy that may provide for pre-employment testing as well as testing after  |   |                     |  |  |  |  |  |  |  |
|   | employment; 2) consent to and compliance with such policy is a condition of my employment; and 3) continued employment is based upon  |                     |  |  |  |  |  |  |  |
| the successful passing of testing under such policy.  |   |                     |  |  |  |  |  |  |  |
| Tundoustand that in connection with the vertice are experienced and construction the Commence of the Commence |   |                     |  |  |  |  |  |  |  |
| I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal   |   |                     |  |  |  |  |  |  |  |
| characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the   |   |                     |  |  |  |  |  |  |  |
| nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.  |   |                     |  |  |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |  |  |
| This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race,  |   |                     |  |  |  |  |  |  |  |
| color, religion, sex, sexual orientation, gender identity or expression, marital status, national origin, citizenship, age, disability, veteran status or any other characteristic protected by applicable federal, state or local laws. We assure you that your opportunity for employment with this   |   |                     |  |  |  |  |  |  |  |
| Company depends solely on your qualifications.  |   |                     |  |  |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |  |  |
| Thank you for completing this application form and for your interest in our organization.   |   |                     |  |  |  |  |  |  |  |
| Signature:  |   | Date:               |  |  |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |  |  |