

APPLICATION FOR EMPLOYMENT

LAST NAME		FIRST NAME		MI
MAILING ADDRESS		CITY	STATE	ZIP
STREET ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
Are you 18 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE	CELL / MESSAGE PHONE		
EMAIL ADDRESS		POSITION		
HAVE YOU APPLIED BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DATE		SHIFT PREFERENCE: <input type="checkbox"/> DAYS <input type="checkbox"/> SWING <input type="checkbox"/> GRAVE DAYS: <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY		

EMPLOYMENT HISTORY

CURRENT/PREVIOUS EMPLOYER				
ADDRESS / CITY / STATE / ZIP				
TITLES / DUTIES / COMMENTS			REASON FOR LEAVING	
DATES	TO	SUPERVISOR	PHONE	

PREVIOUS EMPLOYER				
ADDRESS / CITY / STATE / ZIP				
TITLES / DUTIES / COMMENTS			REASON FOR LEAVING	
DATES	TO	SUPERVISOR	PHONE	

PREVIOUS EMPLOYER				
ADDRESS / CITY / STATE / ZIP				
TITLES / DUTIES / COMMENTS			REASON FOR LEAVING	
DATES	TO	SUPERVISOR	PHONE	

PREVIOUS EMPLOYER				
ADDRESS / CITY / STATE / ZIP				
TITLES / DUTIES / COMMENTS			REASON FOR LEAVING	
DATES	TO	SUPERVISOR	PHONE	

PROFESSIONAL REFERENCES

NAME:	COMPANY:	WORKING RELATIONSHIP:
PHONE NUMBER:	EMAIL ADDRESS:	
NAME:	COMPANY:	WORKING RELATIONSHIP:
PHONE NUMBER:	EMAIL ADDRESS:	

ACKNOWLEDGEMENT AND AGREEMENT

My signature below authorizes _____ (ADD COMPANY NAME) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I further, authorize the professional work references that I have provided, to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. **The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with the local "Fair Chance" Ordinance(s).**

I understand and agree that falsification of information, misleading statements, misrepresentation, or omission of facts called for anywhere on this application or other related forms is cause for denial of employment or if employed, cause for dismissal regardless of when discovered.

I understand that nothing contained in this employment application creates a contract between the Company and myself for employment or any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Company. If an employment relationship is established, I understand that my employment would be at-will and my employment and compensation could be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself. I further understand that no representative of the Company, other than the Owner/President of the Company, has any authorization to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing and any such agreement to the contrary must be in writing and signed by the Owner/President. I also understand that I would be required to abide by all of the rules and regulations of the Company.

I understand and agree that my employment may be contingent upon the successful completion of one or more of the following; a Background Check, Alcohol and Drug screening and other physical ability screening and I agree to undergo said screenings upon request.

_____ (ADD COMPANY NAME) does not discriminate among applicants or employees on the basis of race, religion, color, sex, gender identity, sexual orientation, national origin, ancestry, citizenship status, uniform service member status, marital status, pregnancy, age, protected medical condition, genetic information, disability, or any other protected status in accordance with all applicable federal, state, and local laws.

APPLICANT SIGNATURE _____

DATE _____