## **Application For Employment**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)			
Position(s) Applied For		Date of Applica	tion
How Did You Learn About Us?  Advertisement Friend Walk-In			\$
☐ Employment Agency ☐ Relative ☐ Other			
Last Name , First Name	Middl	e Name	
Address Number Street City	Sta	ite	Zip Code
Telephone Number(s)	Social Securit	tv Number	
If you are under 18 years of age, can you provide required proof of your eligibility to work?		☐ Yes	□ No
Have you ever filed an application with us before?		☐ Yes	□ No
If Yes,	give date		
Have you ever been employed with us before?		☐ Yes	□ No
If Yes,	give date		<del></del>
Are you currently employed?		☐ Yes	□ No
May we contact your present employer?		☐ Yes	☐ No
Are you prevented from lawfully becoming employed in thi country because of Visa or Immigration Status?  Proof of citizenship or immigration status will be required upon employment.	☐ Yes	□ No	
On what date would you be available for work?			
Are you available to work: ☐ Full Time ☐ Part Time ☐	] Shift Wo	ork 🗆 Te	emporary
Are you currently on "lay-off" status and subject to recall?		☐ Yes	□ No
Can you travel if a job requires it?		☐ Yes	□ No
Have you been convicted of a felony within the last 7 years Conviction will not necessarily disqualify an applicant from employment.	;?	☐ Yes	□ No
If Yes, please explain			

## **Education**

	E	emen	tary S	chool		High S	chool		Col	nders lege /	rad Uni	uat vers	ity				uate sion	
School Name and Locatio	n																	***************************************
Years Completed	4	5	6	7 8	9	10	11	12	1	2	] 3	3	4	1	T :	2	3	T
Diploma / Degree																		
Describe Course of Study																		
Describe any specialized training, apprenticeship, skills and extra-curricular activities												3						
Describe any honors you have received				0.004.00						-								
State any additional information you feel may belinful to us in considering your application																		
Indicate	any f	orei	gn la	angu	ages	you	can	spea	k, r	ead	an	d /	or	wri	te			23/1
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f Yes, please descri	be												_	<b>□</b> Y	es			ОР.
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## **Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

	Employer		Dates Er		
			From	То	Work Performed
	Address				
	Telephone Number(s)	V**	Hourly Ra	ate/Salary	
	reseptione Hamber(3)		Starting	Final	
Ī	Job Title	Supervisor			
-	Reason for Leaving				
Employer			Dates Er	nployed	
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			Starting	Final	
	Job Title	Supervisor			
-	Reason for Leaving				
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	Job Title	Supervisor			
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	Job Title	Supervisor			
-	Reason for Leaving				
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Summarize special job-related skills and qualifications acquired from employment or other experience.					
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## **Applicant's Statement**

Signature of Applicant

may violate State and/or Federal Law.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Date

Arrange Interview		
Kemarks		
Employed □ Yes □	No Date of Employment	INTERVIEWER DATE
Job Title	Hourly Rate/	artment
By	NAME AND TITLE	DATE
TES		

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