Position(s) applied for		Date of application	Date of application		
Print full name					
Street address		City	State	ZIP	
Main phone number		Email			
Please list the names of y present or most recent en employed, give firm name necessary.	nployer listed first. Be	sure to account for a eferences. Add an add	ll periods ditional p	of time. If self page if	
Name of employer		Supervisor	May w	May we contact?	
			☐ Yes	☐ Yes ☐ No	
Street address					
Phone number		Dates employed (month/year)			
		From	То	То	
Job title and duties		Reason for leaving			

Name of employer	Supervisor	May we contact?		
		☐ Yes ☐ No		
Street Address				
Phone Number	hone Number Dates employed (month/year)			
	From	То		
Job title and duties	Reason for leaving			
Name of employer	Supervisor	May we contact?		
		☐ Yes ☐ No		
Street Address				
Phone Number	Dates employed (month/year)			
	From	То		
Job title and duties	Reason for leaving			
Have you ever been involuntarily terminated or	asked to resign from a	ny job? □ Yes □ No		
If yes, please explain.	-			
ii yes, ptease exptaiii.				

Please list any other experience, job-related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.			

Education

Please describe your educational background in the table provided below.

	School name	Diploma/ degree (Yes/No)	Area of study/ major	Specialized training, skills, or extracurricular activities
High school				
College/				
university				
Graduate/				
professional				
school				
Trade				
school				
Other				

Business and Professional References

Please list three professional references of individuals who are *not* related to you.

Name and title	Relationship	Phone number or email
Personal References Please list three people who know	you well.	
Name and title	Relationship and years acquainted	Phone number or email
General Information1. Have you ever used another na2. Is any additional information renickname necessary to enableIf yes to either of the above, pleas	elative to name changes, use o a check on your work and edu	•
3. Have you ever worked for Extra If yes, please provide dates and		'□ Yes □ No
4. Do you have friends and/or rel If yes, name(s) and relationship		ıy? □ Yes □ No

5. On what date are you available to begin work?						
6. Days/l	nours available	e to work:				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7. Are you available to work? ☐ Full time ☐ Part time ☐ Shift work ☐ Temporary						
8. If hired, would you have a reliable means of transportation to and from work? \square Yes \square No						
 Are you at least 18 years old? ☐ Yes ☐ No Note: If under 18, hire is subject to verification that you are of minimum legal age. 						
10. If hired, can you present evidence of your identity and legal right to work in this country? $\hfill\Box$ Yes $\hfill\Box$ No						
11. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? \Box Yes \Box No						
Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.						
All applicants are considered for all positions without regard to race, religion, color, sev						

perform essential job functions.

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in

disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative.

Applicant Statement and Agreement

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

In the event of my employment with the company, I understand that I am required to comply with all rules and regulations of the company.
If hired, I understand and agree that my employment with the company is at will and that neither I nor the company is required to continue the employment relationship for any specific term. I further understand that the company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.
I understand that the safety of employees is extremely important to the company and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.
I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.
My signature attests to the fact that I have read, understand, and agree to all of the above terms.
Signature:
Name (print):
Date: