

APPLICATION FOR EMPLOYMENT

A. GENERAL INFORMATION											
Name:	Social Security	No.:	Driver's Licens	se No. & State:	Date:						
Previous Last Name Used:	Current Street Address:										
City:	State:	Zip:	Area (rea Code & Home Phone Number:)							
If not a resident at current address f address & phone number:	or 2 years, give	previous	Lived The	ere From:	То:						
Are you a United States citizen or legally authorized to work in the United States? Yes No (All persons; upon hiring, must verify eligibility to be employed in the United States.)											
List states and counties of residence for the past <u>7</u> years:											
Have you ever been convicted of a feexpunged or sealed. A past criminal ☐ Yes ☐ No If yes, description	history does no										
Do you have any relatives or friends	working for this	company?	□ Yes □	No If yes, give	e name and department:						
Have you ever worked for this compa	any before? E] Yes	□ No If yes	, when and in wh	nat department/location?						
In case of an emergency, who should we notify? Name: Phone Number: ()											
B. JOB INTEREST											
Position Applying For: Referred By:											
Type of employment desired (check	one):	Full-time	□ Part-tim	e □ Tempe	orary Summer						
Shift Preference: Salary Desired:											
Are you willing to work overtime?	□ Yes	□ No A	re you willing to	work weekends?	P □ Yes □ No						
Are you willing to travel? ☐ Yes ☐ No If yes, how often?											
Date available to begin work: Are you 18 or over? ☐ Yes ☐ No											
C. EDUCATION											
Name & Address of School	Attended	Did y	ou graduate?	List Dip	oloma or Degree						
High School		☐ Yes	□ No ending								
College or University		☐ Yes									
Trade or		□ Yes									
Other		□ Atte									

D. PRO	FESSI	ONAL RE	FEREN	NCES						
					qualifications	and work	abilities (d	do no	t include rela	ntives):
Name:			Address:	P	hone	Number:	Occupation:			
							()	
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					YOUR EM	PLOYMENT	HISTOR	RY		
	g <u>part-t</u>	ime work	, milita	ry service o	or unemployr	<u>nent.</u> If ac	lditional s	pace		unt for all periods of tin lease attach suppleme No
. EMP	PLOYER	RNAME	& ADD	RESS						
Ero	From To		`	Departme	Supe	rvisoı	r:	Phone Number:		
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G. EMF	PLOYE	R NAME	& ADD	RESS						
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H. EMPL	OYER	NAME	& ADD	RESS								
				Department:			Su	pervisor:		Phone Number:		
From	/05"	To		Colore	To Chart	To Ford	<u> </u>			()		
Month Y	/ear	Month	Year	Salary:	To Start:	To End:						
Job Title 8	Desc	rintion of	f Your	Duties:								
JOB TILLE O	CDCSC	ription of	i i oui	Duties.								
Reason Fo	r Leav	/ing:										
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I understand and agree to take any physical examination, and pre-employment test, including drug screening test, all such tests will be administered in compliance with the Americans With Disabilities Act.												
verification attached r companies any and/o the Emplor reason. I employme	n to the sume of the sum of the s	ne Emploe. In adoloyers and them, in authorizated inqu	dition, it dition, nd/or tincludingly empty empty empty empty entries ir	Is represent I hereby a heir represent the Employer to Employer to compliance	tatives or ag gree to hold entatives fror loyer, as a re release emplo to conduct come with the propertions	ents, any harmless and any and esult of the byment referedit, policy ovisions o	and and all of empty erections and the empty erections are entropy erections are entropy erections and the empty erections are entropy erections and the empty erections are entropy erections are entropy erections and the empty erections are entropy erections and entropy erections are entropy erectio	all information attored release from a claims that I may furnishing informates, if my emplocriminal and drive Fair Credit Rep	set forth all liability have, o ation to yment be ying reco orting Ac	representatives to furnish in this application and/or all said persons, schools rewhich may arise, against the Employer. I authorize ecomes terminated for any rd inquiries, or any other tt, 15 U.S.C. Section 1681 ject to the results of these		
								ration for 30 dance if applications a		r 30 days, if I wish to be accepted.		
I have rea	d, und	lerstand	and ag	ree with th	is statement.							
Applicant's	s Signa	ature						Date				