APPLICATION FOR EMPLOYMENT

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, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage 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 accommodation to complete the application and/or interview process should contact a management representative. Please print.

Date of Application

Position(s) Applied for

Print Name (Last, First, & Mido	dle)						
Street Address		City	State	Zip Code			
Main Phone Number	Email						
EMPLOYMENT EXPERIENCE Please list the names of your pr listed first. Be sure to account for additional page if necessary.		_					
Name of Employer		Supervisor	May we	May we contact?			
			☐ Yes [☐ Yes ☐ No			
Street Address							
Phone Number	Dates Employed (Month/Year)						
	om To						
Job Title and Duties	Reason for Leaving						
Name of Employer		Supervisor	May we	May we contact?			
			☐ Yes [☐ Yes ☐ No			
Street Address							
Phone Number		Dates Employed (Month/Year)					
		From	То	То			

	I		
Job Title and Duties	Reason for Leaving		
Name of Employer	Supervisor	May we contact?	
		☐ Yes ☐ No	
Street Address			
off cervice. cos			
Phone Number	Dates Employed (Month/Year)		
	From	То	
Job Title and Duties	Reason for Leaving		
	-		
Have you ever been involuntarily terminated or asked to res	ign from any job?	□ Yes □ No	
If yes, please explain			
Please explain any gaps in your employment history:			

	other experience, job in evaluating your qua			s, or other	qualifications t	hat you believe should
e considered	in evaluating your qua	alifications for empi	oyment.			
DUCATION						
lease describe	e your educational ba	ckground in the tab		low.		Cracialized Training
	School Name	Years Completed	Diploma/ Degree	Area of	Study/Major	Specialized Training, Skills, or Extra-
		Completed	(Yes/No)			Curricular Activities
High School						
College/ University						
Graduate/						
Professional School						
Trade School						
Other						
BUSINESS AND P	ROFESSIONAL REFERENCE	·s	l			<u> </u>
lease list thre	e professional referer	nces of individuals v	vho are not rel	ated to you		
Name and Tit	:le	Relationship			Phone Number	er or Email
PERSONAL REFER						
Please list thre Name and Tit	e people who know y		ınd Years Acqu	ainted	Phone Numb	per or Email
ivallie allu Tit	ile	Relationship a	iliu Tears Acqu	anneu	PHONE NUME	Del OI Elliali

GENERA	AL INFORMATION						
1.	Have you eve	er used another i	name?				□ Yes □ No
2.	Is any addition	onal information	relative to nam	ne changes, use	of an assumed i	name, or nickna	me necessary to
	enable a che	ck on your work	and educationa	al record?			□ Yes □ No
	a. If ye	s to either of the	above, please	explain:			
3.	Have you ev	er worked for thi	s company befo				□ Yes □ No
	•	s, please give dat					
4.		friends and/or re					
		s, name(s) and re					
5.		e are you availab					
6.		, available to work	_				
[Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	•						
[7.	Are you avai	\parallel lable to work? \square	 Full_time □ D	 art_time □ □	<u> </u>	Temporany	
8.	•	lary required:					¢
9.		ld you have a rel					
		•		•			
		el if the position					
	•	cate if the position	•				
12	•	ast 18 years old?					□ Yes □ No
	a. Note	e: If under 18, hir	e is subject to v	verification that	you are of mini	mum legal age.	
13	. If hired, can	you present evid	ence of your id	entity and legal	right to work in	this country?	□ Yes □ No
14	. Are you able	to perform the	essential job fur	nctions of the jo	b for which you	are applying w	ith or without
	reasonable a	ccommodation?					□ Yes □ No
	a. Note	e: We comply wit	h the ADA and	consider reason	able accommod	dation measures	s that may be
	nece	ssary for qualifie	ed applicants/er	mployees to per	form essential j	ob functions.	

APPLICANT STATEMENT AND AGREEMENT
Please read and initial each paragraph below. If there is anything that you do not understand, please ask.
I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed 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.
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 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 and following the directions of my site supervisor. 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, the undersigned applicant, 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 laws require me to complete an I-9 Form in this regard.
I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.
MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.
Signature:
No. 11 (11)

Legal Disclaimer: This document is intended for informational purposes only, and does not constitute legal information or advice. This information and all HR Support Center materials are provided in consultation with federal and state statutes and do not encompass other regulations that may exist, such as local ordinances. Transmission of documents or information through the HR Support Center does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.