

Employment Application An Equal Opportunity Employer

| otherwise qualified applicants on any basis that is protected under Federal, State, or Local law. If require a reasonable accommodation to participate in the recruitment process, including completing application, please contact: | | ("Com _l | pany") is an eqı | ual oppor | tunity emplo [,] | yer and do | es not discrir | minate agains |
|--|-----------------|----------------------------|-------------------|--------------|---------------------------|-------------|----------------|---------------|
| Please Print Date Last Name First Name M.I. Current Street Address City State Zip Code Permanent Address (if different from current address) Email address Home Phone Cell Phone Employment Desired Position applying for: General Information How did you hear about our Company and this job opening? Have you ever applied to or worked for the Company before? | require a r | easonable accommodat | tion to particip | ate in th | e recruitmer | nt process, | including co | |
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| City State Zip Code Permanent Address (if different from current address) [| Please Print | | | | | | | |
| City State Zip Code Permanent Address (if different from current address) | Date | Last Name | | First Nam | e | | M.I. | _ |
| Permanent Address (if different from current address) | Current Stree | et Address | | | | | | |
| Permanent Address (if different from current address) | | | | | | | | |
| Employment Desired Position applying for: General Information How did you hear about our Company and this job opening? Have you ever applied to or worked for the Company before? If yes, when? Do you have any friends or relatives working for the Company? No If yes, state name(s) and relationship: Relationship | City | | State | | Zip Code | | | |
| Employment Desired Position applying for: | Permanent A | ddress (if different from | current address | s) | | | | |
| Employment Desired Position applying for: | | | () | - | | | () | |
| Position applying for: General Information How did you hear about our Company and this job opening? Have you ever applied to or worked for the Company before? | Email address | S | Home Ph | ione | | | Cell Phone | |
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| If yes, when? Do you have any friends or relatives working for the Company? | How did you | hear about our Compan | y and this job op | pening? | | | | |
| Do you have any friends or relatives working for the Company? If yes, state name(s) and relationship: Name Relationship | Have you eve | er applied to or worked f | or the Company | before? | | Yes | ☐ No | |
| If yes, state name(s) and relationship: Name Relationship | If yes, when? | | | | | | | |
| Name Relationship | Do you have | any friends or relatives v | working for the (| Company? | | Yes | ☐ No | |
| · · · · · · · · · · · · · · · · · · · | If yes, state n | ame(s) and relationship | : | | | | | |
| Name Relationship | Name | | | Relations | hip | | _ | |
| | Name | | | Relations | hip | | _ | |

| We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest. | | | | | |
|--|----------------------|--------------------|----------------------|---------------------------|--|
| If hired, would you have a reliable means of transportation to and from work? | | | | | |
| Are you at least 18 years old? | | | | | |
| Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? | | | | | |
| (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.) Education, Training, and Experience | | | | | |
| School Type | School Name/ Address | Years Completed | Did you Graduate? | Diploma/ Degree Earned | |
| High School | | | Yes No | | |
| College | | | Yes No | | |
| Graduate School | | | Yes No | | |
| Vocational | | | Yes No | | |
| Health Care Training | | | Yes No | | |

Employment History

List below all present and past employment (last five [5] years is sufficient) starting with your most recent employer. Account for all periods of unemployment. *You must complete this section even if attaching a resume.*

| Employer Name: | Phone Number: |
|---------------------|--------------------------------------|
| Address: | |
| Type of Business: | Supervisor/Title: |
| Job Title: | Dates of Employment (month/year): to |
| Primary Duties: | |
| | Call for Reference? ☐ Yes ☐ No |
| Employer Name: | Phone Number: |
| Address: | |
| Type of Business: | Supervisor/Title: |
| Job Title: | Dates of Employment (month/year): to |
| Primary Duties: | |
| Reason for Leaving: | Call for Reference? ☐ Yes ☐ No |
| Employer Name: | Phone Number: |
| Address: | |
| Type of Business: | Supervisor/Title: |
| Job Title: | Dates of Employment (month/year): to |
| Primary Duties: | |
| Reason for Leaving: | Call for Reference? ☐ Yes ☐ No |
| Employer Name: | Phone Number: |
| Address: | |
| Type of Business: | Supervisor/Title: |
| Job Title: | Dates of Employment (month/year): to |
| Primary Duties: | |
| Reason for Leaving: | Call for Reference? ☐ Yes ☐ No |
| | |

Note: Attach additional page(s) if necessary.

Required

| Please | Read Carefully, Initial Each Paragraph and Sign Below: |
|----------|--|
| | I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment, and that the answers given by me are true and correct to the best of my knowledge. 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 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 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 forme 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. |
| | I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option or either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative. |
| | _ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United Stated and to complete the required employment eligibility verification document form upor hire. |
| Date | Applicant's Signature |