



## EMPLOYMENT APPLICATION

The Company is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard of the basis of race, color, religion, gender (including pregnancy, childbirth, or related medical conditions), gender identity, gender expression, gender non-conforming individuals, genetic information, national origin, ancestry, age, medical condition, physical disability, mental disability, veteran status, marital status, domestic partnership, sexual orientation, or any other basis prohibited by law.

**PERSONAL**

Last Name		First	Middle Initial
Other Name(s) Used			Home Telephone #
Address City State Zip Code  (If less than 5 years please list prior address)			Cellular Phone #
Email Address			
Position Applying For		Referred By	Salary Desired \$
Have you ever interviewed with the Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), and job title(s)	
Have you ever been employed by the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) and location(s)	
Do you have any relatives employed by the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) and location(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EDUCATION**

Highest Grade Completed:		High School	_____ years
		College, Trade or Business	_____ years
		Graduate Studies	_____ years
School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			
Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, WPM:			
Computer Skills (Hardware/Software)			

## EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From	Employer Name	Supervisor First Name	Supervisor Last Name
Employed Until	Employer Address	Supervisor Phone #	Email Address
Job Title		Reason For Leaving	
Duties and Responsibilities			

Employed From	Employer Name	Supervisor First Name	Supervisor Last Name
Employed Until	Employer Address	Supervisor Phone #	Email Address
Job Title		Reason For Leaving	
Duties and Responsibilities			

Employed From	Employer Name	Supervisor First Name	Supervisor Last Name
Employed Until	Employer Address	Supervisor Phone #	Email Address
Job Title		Reason For Leaving	
Duties and Responsibilities			

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | May we contact your current employer for references?  |
| <input type="checkbox"/> | <input type="checkbox"/> | If hired, will you be able to work overtime?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two (2) years old need not be listed). |

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered).

## CERTIFICATION & AUTHORIZATION

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. 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 and for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials: \_\_\_\_\_

I hereby authorized the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I 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 my giving prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and association from any and all claims or liabilities arising out of or in any way related to such investigation or disclosure. The Company will consider qualified applicants including those with criminal histories, in a manner consistent with the local "Fair Chance" Ordinance(s).

Initials: \_\_\_\_\_

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will terminate at will and may be terminated by me, or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

Initials: \_\_\_\_\_

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and complete the required employment eligibility verification form upon hire.

I hereby acknowledge that I have read and agreed to the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**References:**

List below persons not related to you who have knowledge of your work performance within the past three (3) years:

_____	_____	_____
First Name	Last Name	Phone number
_____	_____	_____
Address & Street	City State	Zip Code
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	_____
First Name	Last Name	Phone number
_____	_____	_____
Address & Street	City State	Zip Code
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	_____
First Name	Last Name	Phone number
_____	_____	_____
Address & Street	City State	Zip Code
_____	_____	
Occupation	No. of Years Acquainted	

**Availability:**

- *AM shifts typically between the hours of 6:00am -3:00pm*
- *PM shifts typically between the hours of 3:00pm-12:00am*
- *OVERNIGHT shifts typically between the hours of 11:00pm – 6:00am*