Application for Employ/ment Longitum

Instructions: It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability, veteran status, age, or any other protected characteristic.

Name LAST FIRST		Phone ()
Address			
Position applied for		СІТУ	STATE ZIP CODE
Social Security #			
Shift preferred			
Expected pay	7072-1		
Would you accept full-time work? ☐ Yes	□No		
Would you accept part-time work?	□No		
On what date would you be available for work?			
Have you ever been employed here?	□No □Yes		
If yes, please give dates			
If you are under 18 years old, can you provide a	work permit if required?	☐ Yes ☐ No	
Are you legally eligible for employment in the U	nited States? No Y	es (If yes, proof is required if	hired.)
Are you able to perform the essential functions This question is not designed to elicit information of a disability, particular accommodation, or whe extent permitted by law.	on about an applicant's disabili	ty. Please do not provide inform	nation about the existence
☐ Yes ☐ No ☐ Need more information abo	ut the job's "essential functions	" to respond.	
Explain any gaps in your employment, other tha			
Have you ever been fired or asked to resign from	•		
If yes, please explain		75 77 78 72 72 72 72 72 72 72 72 72 72 72 72 72	
Special Training or Skills			
Languages, machine operation, etc., that would l	oe of benefit in the job for whic	h you are applying.	
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Employer					***
Contact Name		·			
Address		Phone ()	
Job Title Supervisor					
Dates employed: from (mm/yy)	ly rate/salary:	starting	1	_final	
Work performed		*****		···	
Reason for leaving		***************************************			
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Employer					
Contact Name					
Address		Phone ()	
Job Title Supervisor		····			
Dates employed: from (mm/yy)/ to (mm/yy)/ Hourly	y rate/salary:	starting	1	_final	
Work performed				·····	
Reason for leaving					
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Address		Dhama (·	
Job Title Supervisor					
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Work performed	•	•		а.	1
Reason for leaving			e de la companyante dela companyante de la companyante dela companyante de la compan	DESCRIPTION OF THE PROPERTY OF	Wilder to the Control of the Control
Employer					
Contact Name					
Address	I	Phone ())	
Job Title Supervisor					
Dates employed: from (mm/yy)/ to (mm/yy)/ Hourly	rate/salary:	starting	/	final	
Work performed					
Reason for leaving					

Educational Background High School: Location ____ College: ______ Location _____ Graduate School: ______ Location _____ Vocational Training/Other: ______ Location Continuing Education _____ I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. If hired, I agree to conform to the company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application. Applicant's signature ______ Date ___/ _/