EMPLOYMENT APPLICATION

If you have a dischility and half		Opportunity	CANADA PARTIE STATE STATE OF THE PARTIES AND PARTIES.	:1:4	tion propose places
If you have a disability and believe yo	u require accontact us to ma				tion process, prease
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Name:	Date:				
Address:					
City:			•	Telephone: (1
City.	State	Zip Cod	С	_relephone.	
Position Applied For:					
Date you can start:					
Salary Desired:					
Education Record					
Did you graduate from high school of					Major Field of
School Name	Lo	cation	Hours Earned	Diploma, Degree or Certificate	Study
Business/Technical/Vocational 1.					
2.					
College/University 1.					
2.					
Additional:					
List any special skills/licenses/certifī you can operate:	cations that	you possess	and/or equi	ipment or office ma	chines/software
Have you ever been convicted of, ple	-				ed adjudication for
a felony or any lesser crime, other the A conviction or guilty plea will not need date, name of court, and disposition. Yet	cessarily disc	qualify you fo	or this job. I	f yes, list all such of	

OTHER INFORMATION
f you are not a current employer employee, have you previously worked for the employer ? Yes \[\] No \[\] When?
s a relative of yours currently employed by the employer? Yes \(\subseteq \text{No } \subseteq \) Name:
Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a release or any lesser crime, other than a minor traffic infraction? Yes No A conviction or guilty plea will not necessarily disqualify you for this job. If yes, list all such offenses and provide date, name of court, and disposition. You may omit minor violations for which you paid a fine of \$50 or less.
Have you ever been disciplined in your employment related to workplace violence? Yes \(\subseteq \text{No} \subseteq \text{If yes, please explain:} \)
Do you presently use illegal drugs? Yes \[\] No \[\]
EMPLOYMENT HISTORY Provide information regarding all paid, military, and volunteer work which may be related to the position for which you are applying. Describe your most recent position first; then list other relevant positions in order, working down from the most recent. Use a separate block for each position even though with the same employer. List only employment, military service, volunteer work, or training which meets the requirements for this position. Use dditional sheets if necessary. Do NOT use references such as "See Resume" in place of completing this section.
May we contact all employers listed? Yes \(\sum \) No \(\sum \) (Attach a list of any exceptions with an explanation.)
Present Employer: Present Position:
Address: From (Mo./Yr.) To (Mo./Yr.)
City, State, Zip: Full-Time (30 + hrs./wk.) Part-Time (< 30 hrs./wk.)
Supervisor's Name/Title: Telephone: Salary:
Related Duties: Reason for Leaving:
Employer:Position:
Address: From (Mo./Yr.) To (Mo./Yr.)
City, State, Zip: Full-Time (30 + hrs./wk.) Part-Time (< 30 hrs./wk.)
Supervisor's Name/Title: Telephone: Salary:
Related Duties:
Reason for Leaving:

EMPLOYMENT HISTORY (continued) Employer: ______ Position: _____ _____ From (Mo./Yr.) _____ To (Mo./Yr.) ____ Address: City, State, Zip: ______ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____ Supervisor's Name/Title: ______ Telephone: Salary: Related Duties: Reason for Leaving: Employer: _____ Position: ____ _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____ Address: City, State, Zip: _____ Full-Time (30 + hrs./wk.) Part-Time (< 30 hrs./wk.) Supervisor's Name/Title: ______ Telephone: _____ Salary: _____ Related Duties: Reason for Leaving: Employer: _____ Position: ____ From (Mo./Yr.) _____ To (Mo./Yr.) _____ Address: City, State, Zip: _____ Full-Time (30 + hrs./wk.) Part-Time (< 30 hrs./wk.) Supervisor's Name/Title: Telephone: Salary: Related Duties: Reason for Leaving: Employer: ______ Position: _____ From (Mo./Yr.) _____ To (Mo./Yr.) Address:

Related Duties:

Reason for Leaving:

EMPLOYMENT HISTORY (continued) Employer: ______ Position: _____ From (Mo./Yr.) _____ To (Mo./Yr.) ____ Address: City, State, Zip: ______ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____ Supervisor's Name/Title: ______ Telephone: _____ Salary: _____ Related Duties: Reason for Leaving: Please state below any other information that would be helpful in determining your qualifications for this position. You may include significant accomplishments, previous career highlights, or any other information that is not included in this employment application. ACKNOWLEDGMENTS Please READ ALL of the following statements and INITIAL EACH of the boxes to indicate you have read and understand each of the statements. If you have questions, contact Following an offer of employment, you will be required to submit verification of your legal right to work in the United States. All offers of employment and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon. Employment will be at-will unless specifically stated to be otherwise. "At-will" means the employer may terminate my employment at any time with no advance notice and for any reason or no reason. This application is the property of the employer and will become part of my personnel file if I am hired. I authorize employer to contact any employer or individual that I have listed on my employment application and/or resume or mentioned in job interviews, to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits, or other qualifications for employment and/or continued employment with employer. I further authorize employer to contact any institution and/or licensing authority for job-related information regarding education, licenses, and/or certificates which I may currently hold or may have held in the past. In exchange for employer's consideration of my employment application, and/or my continued employment with employer, if any, I authorize anyone possessing this information to furnish it to employer upon request, and I release the individual company or institution and all individuals providing the information or acquiring the information, including employer, from all claims, liability, and damages whatsoever in furnishing, obtaining, or using said information including, but not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations. I further understand this consent will apply during the course of my employment with employer, should I obtain such employment. I understand and agree this consent shall remain in effect indefinitely. Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

Date: _____

Signature of Applicant: _____