

# Application for Employment

All applicants for employment are required to complete and submit this Employment Application.

*The Company does not discriminate on the basis of sex, age, color, race, religion, marital status, national origin, ancestry, sexual orientation, physical & mental disability, medical condition, genetic information, veteran status, or any other basis protected by federal, state or local law.*

## Applicant Information

## Social Security #:

## Date of Birth:

|   |  |                                  |        |                |
|---|--|----------------------------------|--------|----------------|
| LEGAL NAME<br>Last  |  | First                            | Middle |                |
| HAVE YOU EVER WORKED UNDER ANOTHER NAME?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |  | IF YES, UNDER WHAT NAME(S):      |        |                |
| COMPLETE HOME ADDRESS include PO Box, Apt. #, etc.<br>Street  |  |                                  |        |                |
|   |  | City                             | County | State          |
|   |  |                                  |        | Zip Code       |
| HOME PHONE<br>( ) -   |  | BUSINESS OR OTHER PHONE<br>( ) - |        | E-MAIL ADDRESS |

## Position Applying For

|  |   |   |
|--|---|---|
| JOB TITLE/TYPE OF WORK   | DESIRED SALARY<br>\$  | AVAILABLE START DATE  |
| If necessary, are you available to work any of the following?<br>Overtime    Holidays    Work schedule other than M-F<br><input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes<br><input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No | HOW DID YOU LEARN ABOUT THIS OPENING?   |   |
| DESIRED EMPLOYMENT:<br><input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary  | HAVE YOU WORKED FOR OR APPLIED FOR A POSITION AT THE COMPANY BEFORE?<br><input type="checkbox"/> Yes If yes, what position(s)?<br><input type="checkbox"/> No | DO YOU HAVE ANY RELATIVES WORKING HERE?<br><input type="checkbox"/> Yes If yes, who:<br><input type="checkbox"/> No |
| IF HIRED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | ARE YOU OVER 18 YEARS OF AGE?<br><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 Begin with most recent college/university/technical school

| NAME OF EDUCATIONAL INSTITUTION/LOCATION   | MAJOR | NO. OF YEARS | GRADUATE Yes/No | DIPLOMA/DEGREE Yes/No |
|--|-------|--------------|-----------------|-----------------------|
|  |       |              |                 |                       |
|  |       |              |                 |                       |
|  |       |              |                 |                       |
|  |       |              |                 |                       |
| ANY PROFESSIONAL DESIGNATIONS, TRAINING, PATENTS, PUBLICATIONS, COMPUTER SKILLS RELATED TO THE JOB SOUGHT: |       |              |                 |                       |
|  |       |              |                 |                       |
|  |       |              |                 |                       |
|  |       |              |                 |                       |

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## Security

(a) **\*\*This Security Section must be completed by all applicants. EXCEPT FOR THOSE APPLICANTS IN HAWAII, MASSACHUSETTS, AND THE CITY OF PHILADELPHIA, PA:** Under Hawaii and Massachusetts state law and Philadelphia Bill 110111-A, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. **HAWAII, MASSACHUSETTS, AND PHILADELPHIA, PA APPLICANTS SHOULD NOT, AND MUST NOT, ANSWER ANY OF THE QUESTIONS IN THIS SECURITY SECTION.** RATHER, HAWAII, MASSACHUSETTS, AND PHILADELPHIA, PA APPLICANTS SHOULD SKIP THIS SECTION ENTIRELY AND PROCEED DIRECTLY TO THE EMPLOYMENT HISTORY SECTION IN THIS APPLICATION.

**Florida applicants should complete this Security Section (a) AND section (b) below.**

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR PUNISHABLE BY 6 MONTHS OR MORE OF INCARCERATION WITHIN THE LAST 7 YEARS? (You do not need to disclose: convictions for misdemeanor marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated (such as juvenile offenses); participation in a pre- or post-trial diversion program; a discharge under the Georgia First Offenders Program; or misdemeanor convictions for which probation was completed successfully or otherwise discharged and the case was dismissed.)  Yes  No

If **yes**, please describe the nature of the offense(s), the date and place of conviction, and the legal disposition of the case. The Company will not deny employment to any applicant solely because the person has been convicted of a crime. The Company, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position for which you are applying.

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**(b) For Florida applicants ONLY:**

(1) Have you ever been a defendant in a civil action for intentional tort? (An intentional tort is a civil wrong resulting from an intentional act. Examples of an intentional tort include assault, battery, false imprisonment, and intentional infliction of emotional distress.)

Yes  No

(2) If **yes**, please describe the nature of the intentional tort and the disposition of the action.

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COMPLETE ALL JOB HISTORY REGARDLESS OF RESUME ATTACHMENT

**Employment History** List current/most recent position first (attach additional sheets if necessary).

|                     |                  |                |       |
|---------------------|------------------|----------------|-------|
| NAME OF EMPLOYER    | ADDRESS/LOCATION | DATES EMPLOYED |       |
|                     |                  | From           | To    |
| TYPE OF BUSINESS    | POSITION/TITLE   | SALARY         |       |
|                     |                  | Starting       | Final |
| MANAGER'S NAME      | MANAGER'S TITLE  | PHONE          |       |
|                     |                  | ( )            | -     |
| REASON FOR LEAVING: |                  |                |       |
|                     |                  |                |       |

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|                     |                  |                 |       |
|---------------------|------------------|-----------------|-------|
| NAME OF EMPLOYER    | ADDRESS/LOCATION | DATES EMPLOYED  |       |
|                     |                  | From            | To    |
| TYPE OF BUSINESS    | POSITION/TITLE   | SALARY Starting | Final |
| MANAGER'S NAME      | MANAGER'S TITLE  | PHONE ( ) -     |       |
| REASON FOR LEAVING: |                  |                 |       |
| NAME OF EMPLOYER    | ADDRESS/LOCATION | DATES EMPLOYED  |       |
|                     |                  | From            | To    |
| TYPE OF BUSINESS    | POSITION/TITLE   | SALARY Starting | Final |
| MANAGER'S NAME      | MANAGER'S TITLE  | PHONE ( ) -     |       |
| REASON FOR LEAVING: |                  |                 |       |

**References** List three people (other than relatives) who are in a position to evaluate your previous employment performance, preferably former supervisors or people with whom you have worked. (If applying for a supervisory position, please include one subordinate.)

**You agree that we may contact each reference below:**

|       |        |          |               |           |
|-------|--------|----------|---------------|-----------|
| NAME: | TITLE: | COMPANY: | PHONE ( ) ( ) | Home Work |
| NAME: | TITLE: | COMPANY: | PHONE ( ) ( ) | Home Work |
| NAME: | TITLE: | COMPANY: | PHONE ( ) ( ) | Home Work |

**PLEASE PROCEED TO PAGE 4**

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Please read the below carefully and then initial next to each paragraph.

Please sign and date in the space provided at the bottom of this page.

## APPLICANT'S INITIALS

## CERTIFICATION AND RELEASE

\_\_\_\_\_ I authorize the Company to verify, in any manner, all statements made by me. The Company may, for example, interview former employers, co-workers, schools, references, or others and request information and supporting documentation such as transcripts and evaluations.

\_\_\_\_\_ I authorize any and all former employers, references, or educational institutions to release all information relevant to my employment or education to the Company, without giving me prior notice.

\_\_\_\_\_ I release from any liability or responsibility all persons, companies and corporations supplying any information in verifying my statements above, as well as the Company in connection with its obtaining such information for use in verifying my statements above.

\_\_\_\_\_ I shall preserve in strictest confidence all information regarding the business or customers of the Company that may be disclosed to me or come to my attention in the process of applying for a position with the Company.

\_\_\_\_\_ If employed by the Company, I agree to comply with the Company's policies and procedures, safety rules, and cooperate in any reasonable security investigation. I understand that I am not employed by or entitled to employment by the Company unless and until I have received and accepted a written offer of employment from a Company representative. I also understand that no other act of the Company, including the acceptance of my application for employment, the scheduling of interviews with me, or any oral or written statements of interest or encouragement, creates an employment relationship with me, and I will not rely on any such act of the Company. I understand that if I am employed by the Company, such employment is "at-will," which means that my employment and related compensation may be terminated at any time, with or without cause, and with or without advance notice by me or by the Company.

\_\_\_\_\_ I understand that any misrepresentation or omission of fact on this application, my resume, any supplementary materials submitted by me, and interview responses, may be cause for a refusal to hire me or the termination of employment at any time during the period of my employment.

\_\_\_\_\_ I have reviewed this application personally, and I agree that all statements I have made on this application, in my resume, and other supplementary materials submitted by me are true and correct. I have not knowingly withheld any information that might adversely affect my chance for employment.

|                     |      |
|---------------------|------|
| APPLICANT SIGNATURE | DATE |
|---------------------|------|