## **Application for Employment**



Personal In	formation										
Last	Street		First	Mid	dle						
		Mobile # ( )	City E-Mail Add	State		Zip C					
Position (s) appl											
If you are under	18, and it is required	l, can you furnish a work p	ermit?			Yes		No			
If no, please explain						Yes	u	No			
Are you legally entry of employed Date available for Can you perform reasonable according to the control of the	☐ Yes ☐ No ☐ Educational Co-op \$ ☐ Yes ☐ No										
		requirements of the position	on?			Yes		No			
Have you ever been convicted of a crime?  If yes, please provide date(s) and details:						Yes		No			
ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.  Driver's license number if driving is an essential job function State											
Employmen	t History – List l	ast employer first, including	g US military service	).							
From	То	Employer			Telepho	one #					
Starting Job Title / Final	Job Title	Address									
Immediate Supervisor a	and Title	Summarize the nature of work perfo	rmed and job responsibilities	3							
May we contact for a Re Reason for leaving:	eference?	Hourly rate/Salary									
From	То	Start \$Employer	Per	Final \$	Telepho						
Starting Job Title / Final	Job Title	Address									
Immediate Supervisor a	and Title	Summarize the nature of work perfo	rmed and job responsibilities	3							
May we contact for a Ro	eference?										
Reason for leaving:		Hourly rate/Salary	D.,	Pinal 6		D					
From	То	Employer	Per	Final \$	Telepho	Per one #					
Starting Job Title / Final	   Job Title	Address									
Immediate Supervisor a	and Title	Summarize the nature of work performed and job responsibilities									
May we contact for a Re	eference?										
Reason for leaving:		Hourly rate/Salary	Per	Final \$		Per					



Summarize any training, skills, licenses, and/or	certificates that may gr	Jalifv vou as	being able to	perform iob-related functions
in the position for which you are applying.	- Continuated and and and a			
Educational Background				
Name and Location	Number of Years Completed	Did You (	Graduate?	Course of Study
High School				
College		Major	Degree	
Other				
	<u> </u>	<u> </u>	I	_
References				
Name				
			Telephone	
		( )		
		T <sub>()_</sub>		
		( )		
Applicant Statement		/		
I certify that all information I have provided in order to apply for	or and secure work with the	employer is true	. complete, and c	correct.
I understand that any information provided by me that is foun further consideration of this application, or (ii) immediately dis	nd to be false, incomplete, or	misrepresented	in any respect, w	vill be sufficient cause to (i) cancel
I expressly authorize, without reservation, the employer, its rand professional), employers, public agencies, licensing authorize in this application, resume or job interview. I hereby representatives, for seeking, gathering and using such information about me.	norities and educational institution and and all rights a	utions and to oth and claims I ha	herwise verify the ave regarding the	e accuracy of all information provided be employer, its agents, employees of
I understand that the employer does not unlawfully discrimina excusing any applicant from consideration for employment or				
I understand that this application remains current for only 30 considered for employment, it will be necessary to reapply ar		at time, if I have	not heard from th	ne employer and still wish to be
If I am hired, I understand that I am an "at will" employee whereserves the same right to terminate my employment at a application does not constitute an agreement or contract representative of the employer is authorized to make any ac express language are valid unless they are in writing and sign	any time, with or without ca for employment for any spe assurances to the contrary ar	ause and withou ecified period o nd that no impli	ut prior notice, u or definite duratio	inless otherwise required by law. The on. I understand that no supervisor of
I also understand that if I am hired, I will be required to provio require me to complete an I-9 Form in this regard. By signing agreement that would disqualify or prevent me from becomin	g below, I also certify that I ar	m not bound by		
DO NOT SIGN UNTIL YOU F	HAVE READ THE	ABOVE AF	PLICANT	STATEMENT.
Loortify that I have road, fully under	erstand and accept all t	arma of the f	aragaing Annl	Sant Clatament
I certify that I have read, fully unde	erstand and accept an it	erms of the i	oregoing Appi	Icant Statement.
Signature of Applicant x				Date//