



Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability?  Yes  No

If yes, please indicate: \_\_\_\_\_  
 \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Give name, address and telephone number of three references who are not related to you and are not previous employers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

	SECONDARY	COLLEGE/ UNIVERSITY
School Name		
Years Completed (Circle)	9 10 11 12	1 2 3 4
Diploma/Degree		
Describe Course of Study		
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities		

State any additional information you feel may be helpful to us in considering your employment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

*Start with your present or last job. Include military service assignments and volunteer activities.*

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM:	TO:	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING:	FINAL:	
SUPERVISOR			
REASON FOR LEAVING			
	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM:	TO:	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING:	FINAL:	
SUPERVISOR			
REASON FOR LEAVING			
	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM:	TO:	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING:	FINAL:	
SUPERVISOR			
REASON FOR LEAVING			
	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM:	TO:	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING:	FINAL:	
SUPERVISOR			
REASON FOR LEAVING			

If you need additional space, please continue on a separate sheet of paper.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the Company and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management, other than the President (or ranking officer), has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Company. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the Company in connection with the processing of my application for employment and further agree to take any such physical or medical examination requested by the Company during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the Company will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the Company and is exclusively the Company's property. I also understand that the examinations will be performed by medical personnel, clinics, or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Company.

**FOR OFFICE USE ONLY- DO NOT WRITE BELOW THIS LINE**

Position Considered: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

Accepted for Employment: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_