



The difference is... *your* margin of safety.

## EMPLOYMENT APPLICATION

**Steps in completing this application are as follows.** 1) Please read "Applicant Note" below. 2) Complete all pages in this packet. 3) If more space is needed to complete any question, use comments section on the last page of this application. 4) Print clearly; incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" if not answering a question. 5) Provide all requested information; not doing so will result in disqualification.

NOTE: This application includes an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

**Applicant Note:** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

APPLICANT INFORMATION									
Last Name				First			M.I.	Date	
Street Address							Apartment/Unit #		
City				State			ZIP		
Phone				E-mail Address					
Cell				Best form of contact:		Phone	Cell	Email	
Date Available				Social Security No.				Desired Salary	
Position Applied for									
Availability (Circle all that apply)		Full Time (May include weekends)				Part Time			
Shift interested in (Circle all that apply)		1 <sup>st</sup> : 7:00am – 3:30pm      2 <sup>nd</sup> : 3:30pm – 12:00am      3 <sup>rd</sup> : 12:00am – 8:30am							
How did you hear about this position?									

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
If yes, please describe any information necessary. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, and nature of the job sought and rehabilitation effort will be reviewed.					
<b>EDUCATION</b>					
High School					
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College			MAJOR		
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other			Address		
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>JOB RELATED SKILLS</b>					
<i>NOTE: Do not fill out any part of this section you believe to be non-job related.</i>					
Yes / NO	If the job requires, do you have the appropriate Valid driver's license?			DL#	
Please list any other licenses or certificates that may be job-related.					
Circle all that apply	Language in which you are fluent. English / Spanish / Bilingual / other. If other please list here: _____				
Yes/ NO	Have you used any names or Social Security Numbers other than given above?		If yes, please list here.		
Full Name			When used		
Reason for change			Date of change		
<b>REFERENCES: INCLUDE ONLY INDIVIDUALS FAMILIAR TO YOUR WORK ABILITY. NO RELATIVES PLEASE.</b>					
NAME	PHONE				
Where you worked together?	Years known:				
NAME	PHONE				
Where you worked together?	Years known:				
NAME	PHONE				
Where you worked together?	Years known:				

**PREVIOUS EMPLOYMENT: START WITH MOST RECENT**

NOTE: YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS EVERY QUESTION IN THIS SECTION IS ANSWERED. SINCE WE RESERVE THE RIGHT TO CONTACT PREVIOUS EMPLOYERS, THE CORRECT TELEPHONE NUMBERS OF PAST EMPLOYERS ARE CRITICAL. FOR EMPLOYERS OUTSIDE U.S., A CURRENT FAX NUMBER IS MANDATORY.

<b>Company</b>				Phone		
Address				Supervisor		
Job Title						
Responsibilities						
From		To	Reason for Leaving			
	(Mo/Yr)	(Mo/Yr)				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>Company</b>				Phone		
Address				Supervisor		
Job Title						
Responsibilities						
From		To	Reason for Leaving			
	(Mo/Yr)	(Mo/Yr)				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>Company</b>				Phone		
Address				Supervisor		
Job Title						
Responsibilities						
From		To	Reason for Leaving			
	(Mo/Yr)	(Mo/Yr)				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

## Affirmative Action Questionnaire

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring affirmative action programs and to is in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment selection process. If you choose to provide the information, please complete the following:

### Race/Ethnicity (Check one)

- ☐ White – Origins in Europe, North Africa, or Middle East
- ☐ Asian – Origins in Far East, S.E. Asia, India or pacific Islands
- ☐ Black – Origins in Africa
- ☐ Hispanic – Mexican, Puerto Rican, Cuban, Central or South America
- ☐ American Indian – Origins in north American, to exclude Alaska
- ☐ Other - \_\_\_\_\_

### Physical condition

- ☐ No Handicap
- ☐ Physically Handicap (No Facility modification)
- ☐ Physically Handicapped (Facility modification)
- ☐ Health Handicapped (Heart Attack, Diabetic, Seizures, etc.)
- ☐ Mentally Handicapped (learning Disabled)

### SEX

Female                      Male

### Veterans/U.S. Military Status

Non-Veteran                      or                      Pre-Vietnam Veteran                      or                      Pre Vietnam Veteran /with service incurred disability)

Post-Vietnam Veteran                      or                      Post-Vietnam Veteran /with service incurred disability

**Active National Guard Reservist :**      Yes                      No

### DISCLAIMER AND SIGNATURE

I hereby certify that I have read and understand the applicant note on page one of this form and that the answers given by my to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and / or its agents including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools companies and law authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

If this application leads to employment, I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of any applicant's identity and legal authority to work in the United States.

Signature

Date