

## APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

				Data		
s	City		St	tate	Zip	<del></del>
Phone	Office Phone		Other Phone			
Address:						
at date would you be a	ıvailable for v	vork?	Desired	Wage/Sala	ıry \$	
u o II C oitizan on onc		a outhorized to w	ork in the U.S. withou	.t anz. maatui	intion?[	l Vac f 1
a a c.s. chizch, or are	you ould wis	se authorized to w	ork in the c.s. withou	at any resur	iction: [	j rest j
	d of a felony?	?[]Yes[]N	o If yes, please desc	ribe circun	nstances:	
	d of a felony?	?[]Yes[]N	o If yes, please desc	eribe circun	nstances:	
	d of a felony?	?[]Yes[]N	o If yes, please desc	eribe circun	nstances:	
	d of a felony?	?[]Yes[]N	o If yes, please desc	eribe circun	nstances:	
	d of a felony?	?[]Yes[]N	o If yes, please desc	ribe circun	nstances:	
	d of a felony?		o If yes, please desc	eribe circun	nstances:	
				Degree Receive	e	Major
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	EMPLOYME				
1. Employer	(Most Recent Fi	rst.) Job Title			
		Company (if any):			
Address	City	State Zip			
		Supervisor			
Starting Salary	Ending Salary				
2. Employer		Job Title			
Dates Employed	Prior Position Held within Company (if any):				
Address	City	StateZip			
		Supervisor			
		ling Salary			
Duties Performed					
Reason for Leaving					
3. Employer		Job Title			
Dates Employed	Prior Position Held within 0	Company (if any):			
Address	City	State Zip			
Phone	Job Title	Supervisor			
Starting Salary	End	ling Salary			
Duties Performed					
	REFERENCE	S			
	Two Professional and C	One Personal			
Name	Relationship	Phone #			
Name	Relationship	Phone #			
Name	Relationship	Phone #			
	ACKNOWLEDGMENT AND	AUTHORIZATION			
y that answers given herein	are true and complete to the best of				

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I autho employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date