

APPLICATION FOR EMPLOYMENT

We appreciate your interest in [Company Name]. [Company name] is an equal employment opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, sex, sexual orientation, gender identity, religion, national origin, age (40 and over), disability, military status, genetic information or any other basis protected by applicable federal, state, or local laws. [Company name] also prohibits harassment of applicants or employees based on any of these protected categories. It is also [Company name]'s policy to comply with all applicable federal, state and local laws respecting consideration of unemployment status in making hiring decisions.

Note to Applicants: Smoking is prohibited in all indoor areas of [Company Name] unless designated smoking areas have been established by a particular location in accordance with applicable state and local law.

For Indiana Applicants: It is unlawful for an employer to discriminate against a prospective employee on the basis of status as a veteran by refusing to employ an applicant on the basis that they are a veteran of the armed forces of the United States, a member of the Indiana National Guard or a member of a reserve component.

For Montana Applicants: If hired, the employment relationship is governed by the Wrongful Discharge from Employment Act. Mont. Code Ann. Section 39-2-901.

For Rhode Island Applicants: [Company Name] is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law. If you willfully provide false information about your ability to perform the essential functions of the job, with or without reasonable accommodations, you may be barred from filing a claim under the provisions of the Workers' Compensation Act of the State of Rhode Island if the false information is directly related to the personal injury that is the basis for the new claim for compensation. The Company complies fully with the Americans with Disabilities Act.

GENERAL INFORMATION

Please complete all requested information. Use ink and print.

Location _____ Today's Date _____	Position Applying For _____	
Name (Last) _____ (First) _____ (Middle) _____	Minimum Salary Desired _____	Date Available for Work _____
Street Address _____	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City _____ State _____ Zip _____	Telephone (Home) _____ Telephone (Work) _____ () - () -	
Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the other name(s): _____	Are you available to work overtime as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you available weekdays? _____ weekends? _____ (You do not need to disclose scheduling restrictions related to your religion, a disability or a medical condition)	
Have you previously worked for or applied for a position with [Company name], in any of our locations either as an employee or through an employment agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain when and, if employed, in what capacity: _____	Are you related to or in a close personal relationship with anyone now employed at [Company name]? (An answer of "Yes" will not automatically disqualify you from the position for which you are applying.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name(s) and where they are located. _____	

PERMISSION TO WORK

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERRAL INFORMATION

How did you learn about [Company name]?

- Employment Agency (state name): _____
 School (state name): _____
 Reputation of Firm _____
 Newspaper ad (name of paper): _____
 Referral (state name): _____
 Other: _____

WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

California, Cincinnati (Ohio), Colorado, Connecticut, Delaware, Hawaii, Illinois, Kansas City (Missouri), Maine, Maryland, Massachusetts, New Jersey, New York, Oregon, Philadelphia (Pennsylvania), Toledo (Ohio), Vermont and Washington Applicants: Do not provide information about current or prior salary, wages, or other compensation. Leave "Monthly Wages" blank.

	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
1	Name, Title, and Phone Number of Supervisor	Monthly Wages Start Last
	Job Title, and Work Responsibilities	Reason for Leaving:
2	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Monthly Wages Start Last
	Job Title, and Work Responsibilities	Reason for Leaving:

(Employment record continued on next page.)

WORK EXPERIENCE (CONTINUED)

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

3	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Monthly Wages Start Last
	Job Title and Work Responsibilities	Reason for Leaving:

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? Yes No

PROFESSIONAL REFERENCES

Individuals not related to you. Business references preferred.

Name	Occupation	Phone	Address	Years Known and Capacity

EDUCATION & TRAINING

Please include name, street, city, state and zip code for each school.

School	Name and Location of School	Number of Years Completed	Degree	Type of Course/Major
Graduate				
College				
High School				
Business/Trade/ Technical				

JOB-RELATED S K I L L S AND QUALIFICATIONS

Please summarize your job-related skills and qualifications:

ADDITIONAL EMPLOYMENT INQUIRIES

If applying for a position that will include driving:

If hired, can you provide a valid driver's license? Yes No

If hired, you may be required to provide evidence of insurance or insurability.

Emergency Contact Person

Name: _____ Phone Number: _____

APPLICANT'S STATEMENT & ACKNOWLEDGMENT

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.

Initial: I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, **I will be an at-will employee**, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice. I understand that only the [insert position here] of [Company name], and no manager, supervisor, or other representative of the Company, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the [insert position listed above], any such agreements must be in writing and signed by the [insert position listed above] and by me or my authorized representative.

Initial: I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by [Company name].

Initial: I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer.

Initial: I hereby authorize, to the extent allowed by applicable federal state and local laws, [Company] to conduct its own investigation of my references, employment history and education and, further, authorize the references and prior employers I have listed to disclose to the Company information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of such disclosure.

Initial: I understand and expressly agree that if employed by the Company, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initial: I agree to undergo a pre-employment physical examination consistent with federal and state law.

Initial: I agree to submit to legally permissible drug testing upon an offer of employment from [Company Name] and prior to starting work. I agree that any offer of employment is contingent upon my receiving a result satisfactory to the Company.

Initial: **California, Cincinnati (Ohio), Colorado, Connecticut, Delaware, Hawaii, Illinois, Kansas City (Missouri), Maine, Maryland, Massachusetts, New Jersey, New York, Oregon, Philadelphia (Pennsylvania), Toledo (Ohio), Vermont and Washington Applicants:** I understand that the Company may not ask or require applicants to disclose past salary, wages or other compensation

Initial: **Massachusetts Applicants:** I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Initial: **Maryland Applicants:** I UNDERSTAND THAT UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

APPLICANT'S STATEMENT & ACKNOWLEDGMENT (Continued)

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.

APPLICANT'S SIGNATURE

DATE

This application will only be considered for 30 days. If you have not been hired within 30 days of submitting this application and you wish to continue to be considered for employment, you must complete another application.