Please read before completing this application: This agency does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age, or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. The completed application will be reviewed carefully, but it's receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required of the position for which you are applying.

Please answer all questions completely.

Personal Information

| Name: | | | Dat | e: | |
|----------|---|--------------------|-------------------|--------------|-----|
| La | st First | N | И.І. | | |
| Address | <u>:</u> | | | | |
| Š | Street | City | State | Zip | |
| Home T | elephone: | Daytime | Telephone: | | |
| Social S | ecurity Number | | | | |
| General | Information | | | | |
| Applying | g for position as: | Sa | lary Requirem | ent | |
| 1. Ca | | | | | Yes |
| | No Are you legally eligible to work in the United States? Ye No | | | | Yes |
| | hired, what days of th | e week and hours | s are you able to | o work? | |
| | | | | | |
| | | | | | |
| 4. A | re you facing any unre No | solved criminal cl | harges? | _ | Yes |
| | yes, please xplain: | | | | |
| | ave vou ever nlead ou | ilty or been conv | icted of a crimi | nal offense? | |

| | YesNo | | | | |
|---|--|-----------------------|--------------------|----------|--|
| 7. | Do you have a valid drivers l | icense? | Y6 | es | |
| 0 | No | | | | |
| 8. | Have you ever been involuntarily discharged or asked to resign from a | | | | |
| 9. | position? | | | | |
| 9. | Yes No | | | | |
| | If yes please | | | | |
| | explain: Are there any reasons why you would be unable to perform, or to perform | | | | |
| | safely, any of the duties of the position for which you are applying? | | | | |
| | Yes No | 1 | | | |
| | | | | | |
| Educ | cational Information | | | | |
| | | | | | |
| Highe | est Grade Completed (Please | circle one) 1 2 3 4 5 | 6 7 8 9 10 11 12 | | |
| College Attended: Type of Program or | | | | | |
| Majo | r: | | | | |
| College Attended: Type of Program or | | | | | |
| Majo | r: | | | | |
| Trade | e, Business, Night School: | Туре | of Program or | | |
| Majo | r: | | | | |
| Highe | est Degree, Diploma, or Certif | ficate | | | |
| Recei | ived: | | | | |
| License or Certification Number: Expiration | | | xpiration | | |
| Date: | · | | | | |
| Refer | rence Information | | | | |
| List a | at least three individuals who | are not former emplo | yers or relatives: | | |
| 1 | Name Address | City, State, Zi | <u>Telephon</u> | <u>e</u> | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Employment Information Please list present and former employers. List the most recent first. May we contact your current employer? ____Yes _ No Employer Name:______Date of Employment:_____to____ Address/City/State/ Zip:_____ Job Title and Duties: Supervisor Name and Telephone: Reason for Leaving: Employer Name: Date of Employment: to Address/City/State/ Zip:_____ Job Title and Duties: Supervisor Name and Telephone: Reason for Leaving:

Employer Name: Date of

Employment:_____to____

| Address/City/State/ | | |
|---------------------|--|--|
| Zip: | | |
| Job Title and | | |
| Duties: | | |
| Supervisor Name and | | |
| Telephone: | | |
| Reason for | | |
| Leaving: | | |

PLEASE READ CAREFULLY BEFORE SIGNING

By signing below, I confirm that the information I have provided in this application is complete and accurate to my knowledge and subject verification by this company. I understand that any false information or deleting any information would disqualify me from consideration for employment and may be justification for my dismissal from employment if discovered following my hire date.

I grant permission for the Company to contact my former employers and the individuals I listed as references in this application, and if I so indicated on the application, I grant permission for the company to contact my present employer. I authorize the schools, persons, previous employers, and other organizations named in this application to provide this company, it's authorized employees, agents or representatives, with any relevant information that may be required to arrive at an employment decision, and hear by release any such schools, persons, employers, agencies, and organizations from any and all liability which may otherwise incur as a result.

I understand that this application does not constitute a contract of employment.

In the event that I am employed, I understand that all employees are subject to termination at the discretion of the company. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and if I choose to give the proper notice of termination, the Company may either permit me to continue my employment during the notice period or may accept my registration immediately.

I understand that, if employed by the Company, my compensation, hours of employment, and all other terms and conditions of employment are subject to modification or change by the company at any time in the Company's sole discretion.

I authorize the Company to supply my employment record, in whole or in part, and in confidence to any prospective employer, government agency, or other party, with a legal and proper interest.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I will immediately notify the company should I be convicted of a felony or any crime that involves dishonesty or a breach of trust while my employment application is being processed or during my employment if hired.

| I understand this is a conditional hire pending the check (if applicable) and reference checks. I have as a condition of my employment with the Comp | ve read the above statement and accept the same |
|--|---|
| Applicant's Signature | Date |