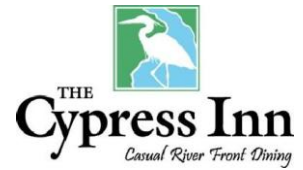


*We Are an Equal Opportunity Employer*  
**Application for Employment**



Last Name	First Name	Middle Initial	
Address	City	Zip Code	Social Security Number
Email address			Phone Number
Driver's license number and State			Cell Phone Number

**WORK EXPERIENCE - LIST MOST RECENT JOB FIRST**

Start Date	Employer's Name/Address/Telephone	Start Pay	Position
End Date		Last Pay	Reason for Leaving
Describe the Work You Did			
Start Date	Employer's Name/Address/Telephone	Start Pay	Position
End Date		Last Pay	Reason for Leaving
Describe the Work You Did			
Start Date	Employer's Name/Address/Telephone	Start Pay	Position
End Date		Last Pay	Reason for Leaving
Describe the Work You Did			

**REFERENCES**

Give the names of two persons not related to you, whom you have known at least one year

Name	Phone Number	Business	Years known

**GENERAL INFORMATION**

What position are you applying for? \_\_\_\_\_ Full Time or Part Time?

When are you available to start work? \_\_\_\_\_ Are you currently employed? \_\_\_\_\_

What availability do you have to work? Please indicate below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Lunch shift</b>							
<b>Dinner shift</b>							

Are you at least 18 years old? \_\_\_\_\_ Do you have a reliable means of transportation to get to work? Yes **or** No

If hired, can you verify that you have the legal right to work in the United States? Yes **or** No

Education	School Name	City	State
High School			
Jr. College			
Tech school			
College			
GED			

Have you ever worked for this company before? Yes **or** No

If so, when? \_\_\_\_\_

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes **or** No (Note: Conviction will not necessarily disqualify applicant)

If so, please explain \_\_\_\_\_

Have you ever been discharged from employment for criminal activity? Yes **or** No If yes, please fully describe circumstances

Do you currently have friends and / or family that are currently employed with us? Yes **or** No If yes, please specify

### CERTIFICATION AND ACKNOWLEDGMENT

#### **Authorizations & At-Will Employment Agreement**

**(please read carefully, then sign and date below)**

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

#### **At-Will Employment Agreement**

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

**Applicant's Signature**

**Date**