Please print and fill out all sections

Applicant Information

Applicant Name	Home Phone
Other	Email Address
Current Address: Number and street	City
State & Zip	_
How were you referred to Company?:	
Employment Positions	
Position(s) applying for:	
Are you applying for:	
Temporary work – such as summer or Regular part-time work? [] Y or [] N Regular full-time work? [] Y or [] N	holiday work? [] Y or [] N
What days and hours are you available for work?	
If applying for temporary work, when will you	be available?
If hired, on what date can you start working?	//
Can you work on the weekends? [] Y or [] N	
Can you work evenings? [] Y or [] N	
Are you available to work overtime? [] Y or []] N
Hourly rate desired: \$	
Personal Information:	
Have you ever applied to / worked for Compar If yes, please explain (include date):	

Do you have any friends, relatives, or acquaint If yes, state name & relationship:	
If hired, would you have transportation to/from	n work? [] Y or [] N
Are you over the age of 18? (If under 18, hire [] N	is subject to verification of minimum legal age.) [] Y or
If hired, would you be able to present evidence work in the United States? [] Y or [] N	e of your U.S. citizenship or proof of your legal right to
If hired, are you willing to submit to and pass a	a controlled substance test? [] Y or [] N
Are you able to perform the essential functions without reasonable accommodation? [] Y or [of the job for which you are applying, either with /] N
If no, describe the functions that cannot be per	rformed
be necessary for eligible applicants/employees	onsider reasonable accommodation measures that may to perform essential functions. It is possible that a hire ect to a medical examination conducted by a medical
Have you ever been convicted of a criminal offer	ense (felony or misdemeanor)? [] Y or [] N
If yes, please describe the crime - state nature disposition of the case.	e of the crime(s), when and where convicted and
offense. The date of the offense, the nature of the description of the event, and the surround the position(s) applied for may, however, be co	t solely on the grounds of conviction of a criminal the offense, including any significant details that affect ing circumstances and the relevance of the offense to onsidered.)
Education, Training and Experience	
High School: School name:	School address:
School city, state, zip:	
Number of years completed:	_ Did you graduate? [] Y or [] N
Degree / diploma earned:	
College / University: School name:	School address:

School city, state, zip:
Number of years completed: Did you graduate? [] Y or [] N
Degree / diploma earned:
Vocational School: Name: Address:
City, state, zip:
Number of years completed: Did you graduate? [] Y or [] N
Degree / diploma? :
Military: Branch: Rank in Military:
Total Years of Service: Skills/duties:Related details:
Additional Information
Do you speak, write or understand any foreign languages? [] Y or [] N
If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be.
Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? [] Y or [] N
If yes, please explain
Employment History
Are you currently employed? [] Y or [] N
If you are currently employed, may we contact your current employer? [] Y or [] N
Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed.
Name of Employer: Name of Supervisor: Telephone Number:

Business Type:		
Address:		
City, state, zip:		
Length of Employment (Include Dates):		
Position & Duties:		
Reason for Leaving:		
May we contact this employer for references? [] Y or [] N		
Name of Employer:		
Name of Supervisor:		
Telephone Number:		
Business Type:	-	
Address:		
City, state, zip:		
Length of Employment (Include Dates):		
Position & Duties:		
Reason for Leaving:		
May we contact this employer for references? [] Y or [] N		
Name of Employer:		
Name of Supervisor:		
Telephone Number:	-	
Business Type:		
Address:		
City, state, zip:		
Length of Employment (Include Dates):		
Position & Duties:		
Position & Duties:Reason for Leaving:		
May we contact this employer for references? [] Y or [] N		
may we contact this employer for references. [] For [] W		
References		
List below three persons who have knowledge of your work perform	ance withi	n the last four years.
Please include professional references only.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
,		
N		
Name - First, Last:		
Telephone Number:		
Address:		
City, state, zip:		
Occupation: Number of Years Acquainted:		
Number of rears acquainted.		
Name - First, Last:		
Telephone Number:		
Address:		
City, state, zip:		
Occupation:		
Number of Years Acquainted:		

Name - First, Last:
Telephone Number:
Address:
City, state, zip:
Occupation: Number of Years Acquainted:
Number of fears Acquainted.
Please Read and Initial Each Paragraph, then Sign Below
I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.
I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.
I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.
Applicant's Signature:
Date:
======