

Application for Employment

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative.

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Position(s) applied for		Date of applicati	Date of application				
D. C. H. C. H.							
Print full name							
Street address		City	State	ZIP			
Main phone number	Alternate phone numbe	r Email					
	ir present or previous employe unt for all periods of time. If se						
Name of employer		Supervisor	May v	May we contact?			
			□ Ye	s □ No			
Street address							
Phone number		Dates employed (month/year)					
		From	То				
Job title and duties	Reason for leaving	Reason for leaving					
Name of employer		Supervisor	May v	ve contact?			
			□ Ye	s □ No			
Street Address							
Phone Number		Dates employed (Dates employed (month/year)				
		From	То				
Job title and duties	Reason for leavin	Reason for leaving					

name of employer		3	Supervisor	may we contact:			
				☐ Yes ☐ No			
Street Address							
Phone Number		[Dates employed (month/year)				
		F	From To				
Job title and duties		F	Reason for leavi	ng			
Java vau avar baan in	valuntarily tarminated or a	solvad ta rasiga fram	vany ioh2 □ Vos	□ No. If yes, please evaluin			
nave you ever been in	voluntarity terminated or a	isked to resign from	i any job: 🗆 res	□ No If yes, please explain.			
Please explain any gap	os in your employment histo	ory.					
Please list anv other e	xperience, job-related skil	ls, additional langu	ages, or other o	ualifications that you believe should be			
	ng your qualifications for e						
	3, 1	,					
Education PL	ease describe your educati	onal background in	the table provi	ded below.			
	·						
	School name	Diploma/	Area of	Specialized training, skills, or			
	School hame	degree (Yes/No)	study/major	extracurricular activities			
High school							
Callaga / university							
College/university							
Conductor/							
Graduate/							
professional school							
Trade school							
Other							

Business and Professional ReferencesPlease list three professional references of individuals who are *not* related to you.

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ne and title			Relat	ionship	Phone	number and/o	r email		
		eferences people who kno	ow you well.						
e an	d title		Relat	ionship a	nd year	s acquainted	Phone numbe	r or email	
		ormation							
	enable a check on your work and educational record?								
5.		-	lable to begin w	ork?					
6.		available to wo	ork: Wednesday	Thursda	N. /	Friday	Saturday	Sunday	
///	onday	Tuesday	wednesday	THUISU	ıy	riiuay	Saturday	Sullday	
7.	Are you ava	nilable to work?	☐ Full-time		ırt-time		rk □ Tempor	ary	

Are you able to reasonable accord	perform the essential job functions of the job for which you are applying with or without ommodation? $\ \square$ Yes $\ \square$ No
	oly with the Americans with Disabilities Act and consider reasonable accommodation measure cessary for qualified applicants/employees to perform essential job functions.
Applicant State	ment and Agreement
Please read and	initial each paragraph below. If there is anything that you do not understand, please ask.
and other matte and references I related to my we the company, m	authorize the company to thoroughly investigate my references, work record, education ers related to my suitability for employment and, further, authorize the prior employers have listed to disclose to the company any and all letters, reports, and other information ork records, without giving me prior notice of such disclosure. In addition, I hereby release by former employers, and all other persons, corporations, partnerships, and associations I claims, demands, or liabilities arising out of or in any way related to such investigation or
	vent of my employment with the company, I understand that I am required to comply with gulations of the company.
I nor the compare understand that cause, and with	, I understand and agree that my employment with the company is at will and that neither ny is required to continue the employment relationship for any specific term. I further the company or I may terminate the employment relationship at any time, with or without or without notice. I understand that the at-will status of my employment cannot be fied, or altered in any way by any oral modifications.
company is company is company is company is company is company is company in a company is company in company is company i	stand that the safety of employees is extremely important to the company and that the mitted to ensuring a safe working environment. I understand that I, and every employee, polity to prevent accidents and injuries by observing all safety procedures and guidelines are directions of my site supervisor. I understand and agree to comply with federal, state, tions related to on-the-job safety and health.
further certify that any omission employment sha	y certify that the answers given by me are true and correct to the best of my knowledge. I hat I, the undersigned applicant, have personally completed this application. I understand on or misstatement of material fact on this application or on any document used to secure all be grounds for rejection of this application or for immediate discharge if I am employed, the time elapsed before discovery.
evidence of my	stand that if I am selected for hire, it will be necessary for me to provide satisfactory identity and legal authority to work in the United States, and that federal immigration law complete an I-9 Form in this regard.
	stand that if any term, provision, or portion of this Agreement is declared void or it shall be severed and the remainder of this Agreement shall be enforceable.
My signature a terms.	attests to the fact that I have read, understand, and agree to all of the above
Signature:	
Name (print):	
Date:	