Application for Employment

All applicants for employment are required to complete and submit this Employment Application.

The Company does not discriminate on the basis of sex, age, color, race, religion, marital status, national origin, ancestry, sexual orientation, physical & mental disability, medical condition, genetic information, veteran status, or any other basis protected by federal, state or local law.

Applicant Information								
LEGAL NAME Last	First			Middle				
HAVE YOU EVER WORKED UNDER A Yes No	NOTHER NAME?	IFY	ES, UNDER WHAT NAME(S):	,,,,			
COMPLETE HOME ADDRESS include	PO Box, Apt. #, et	c.					<u></u>	
Street		City	Col	unty		State Zip) Code	
HOME PHONE		BUSIN	ESS OR OTHER PHONE		E-MAIL A	DDRESS	·	
() -		() -					
Position Applying For								<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
JOB TITLE/TYPE OF WORK			DESIRED SALARY		AV	AILABLE START	DATE	
If necessary, are you available to work a	any of the following		\$ HOW DID YOU LEARN A	ADOLIT TURE OF	ENIMO			
Overtime Holidays Work sch	edule other than M Yes No							
DESIRED EMPLOYMENT:			HAVE YOU WORKED FO			HAVE ANY RELA	TIVES WORKING	
☐ Full-Time ☐ Part-Time	Temporary		APPLIED FOR A POSITI COMPANY BEFORE?	ION AT THE	HERE?			
			Yes If yes, what po	osition(s)?	Yes	If yes, who:		
IE LUBED, OAN VOLLOUBLUT VERIEIG	ATION OF YOUR		No No	150 05 1050	No No			
IF HIRED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.?			ARE YOU OVER 18 YEARS OF AGE? IF UNDER 18, DO YOU HAVE A WOF				·	
	•		☐ YES ☐ NO PERMIT? ☐ YES ☐ NO			-о П ₁₄₀		
Yes No								
<u> </u>								
Education Begin with mos	t recent collec	ne/univ	versity/technical scho	ool				
NAME OF EDUCATIONAL INSTITUTION		, o, a, i, i	MAJOR	301	NO. OF	GRADUATE	DIPLOMA/DEGRE	EE
NAME OF EDOCATIONAL INOTITOTI	ONLOGATION				YEARS	Yes/No	Yes/No	
					1			
			*****		:			_
	V1							
ANY PROFESSIONAL DESIGNATIONS	S, TRAINING, PAT	ENTS, F	PUBLICATIONS, COMPUTE	ER SKILLS RELA	ATED TO TH	E JOB SOUGHT:		
					: 			
					<u> </u>			
							ar *	
	·	-						

Application for Employment

Security				
(a) **This Security Section must be completed MASSACHUSETTS, AND THE CITY OF PH Philadelphia Bill 110111-A, an employer is proor her criminal history. HAWAII, MASSACHUS ANSWER ANY OF THE QUESTIONS IN THIS SPHILADELPHIA, PA APPLICANTS SHOULD SI HISTORY SECTION IN THIS APPLICATION.	HILADELPHIA, PA: Under Hawaii and Massibilited from making written, pre-employme SETTS, AND PHILADELPHIA, PA APPLICAN ECURITY SECTION. RATHER, HAWAII, MA	ssachusetts state law and ent inquiries of an applicant about his ITS SHOULD NOT, AND MUST NOT, SSACHUSETTS, AND		
Florida applicants should complete this Secur	rity Section (a) AND section (b) below.			
HAVE YOU EVER BEEN CONVICTED OF A FEI INCARCERATION WITHIN THE LAST 7 YEARS offenses more than two years old; convictions that participation in a pre- or post-trial diversion progratic convictions for which probation was completed su	? (You do not need to disclose: convictions fo at have been sealed, expunged, or legally erad am; a discharge under the Georgia First Offend	r misdemeanor marijuana-related icated (such as juvenile offenses); ders Program; or misdemeanor		
If <u>yes</u> , please describe the nature of the offense(s), the date and place of conviction, and the legal disposition of the case. The Company will not deny employment to any applicant solely because the person has been convicted of a crime. The Company, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position for which you are applying.				
intentional act. Examples of an intentional tort incidistress.)		intentional infliction of emotional		
COMPLETE ALL JOB HISTORY REGARDLESS OF RESUME ATTACHMENT Employment History List current/most recent position first (attach additional sheets if necessary).				
NAME OF EMPLOYER	ADDRESS/LOCATION	DATES EMPLOYED From To		
		From		
TYPE OF BUSINESS	POSITION/TITLE	SALARY Starting Final		
MANAGER'S NAME	MANAGER'S TITLE	PHONE		
DEACON FOR LEAVING		() -		
REASON FOR LEAVING:				
NAME OF EMPLOYER	ADDRESS/LOCATION	DATES EMPLOYED		

Application for Employment

		From	То
TYPE OF BUSINESS	POSITION/TITLE	SALARY Starting	Final
MANAGER'S NAME	MANAGER'S TITLE	PHONE (-
REASON FOR LEAVING:		7	
NAME OF EMPLOYER	ADDRESS/LOCATION	DATES EMPLOYED From) To
TYPE OF BUSINESS	POSITION/TITLE	SALARY Starting	Final
MANAGER'S NAME	MANAGER'S TITLE	PHONE ()	_
REASON FOR LEAVING:			

References List three people (other than relatives) who are in a position to evaluate your previous employment performance, preferably former supervisors or people with whom you have worked. (If applying for a supervisory position, please include one subordinate.)

You agree that we may contact each reference below:

NAME:	TITLE:	COMPANY:	PHONE () Hol	ome ork
NAME:	TITLE:	COMPANY:	PHONE () How	ome ork
NAME:	TITLE:	COMPANY:	PHONE () Hoi () Wo	ome ork

PLEASE PROCEED TO PAGE 4

<u>Please read the below carefully and then initial next to each paragraph.</u>
<u>Please sign and date in the space provided at the bottom of this page.</u>

APPLICANT'S	CERTIFICATION	
INITIALS	AND RELEASE	
	I authorize the Company to verify, in any manner, all statements made by me. T example, interview former employers, co-workers, schools, references, or others are and supporting documentation such as transcripts and evaluations.	
	I authorize any and all former employers, references, or educational institutions to relevant to my employment or education to the Company, without giving me prior notice	
	I release from any liability or responsibility all persons, companies and corporinformation in verifying my statements above, as well as the Company in connection information for use in verifying my statements above.	
	I shall preserve in strictest confidence all information regarding the business or custo that may be disclosed to me or come to my attention in the process of applying Company.	
	If employed by the Company, I agree to comply with the Company's policies and property and cooperate in any reasonable security investigation. I understand that I am not exployment by the Company unless and until I have received and accept employment from a Company representative. I also understand that no other act of the acceptance of my application for employment, the scheduling of interviews we written statements of interest or encouragement, creates an employment relationship rely on any such act of the Company. I understand that if I am employed by employment is "at-will," which means that my employment and related compensation any time, with or without cause, and with or without advance notice by me or by the Company.	employed by or entitled ted a written offer of he Company, including ith me, or any oral or with me, and I will not by the Company, such may be terminated at
	I understand that any misrepresentation or omission of fact on this applicate supplementary materials submitted by me, and interview responses, may be cause for the termination of employment at any time during the period of my employment.	
	I have reviewed this application personally, and I agree that all statements I have main my resume, and other supplementary materials submitted by me are true and knowingly withheld any information that might adversely affect my chance for employed	d correct. I have not
APPLICANT SIGNATURE		DATE