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 or mental disability, medical condition, military or 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 accommodation to complete the application and/or interview process should contact a management representative. Please print.

Position(s) Applied for	Date of Application				
Print Name (Last, First, & M	liddle)				
Street Address		City	State	ZIP Code	
Main Phone Number	Alternate Phone Number	Email			
first. Be sure to account for	nt or previous employers in chr all periods of time. If self-em				
additional page if necessary.					
Name of Employer		Supervisor	May w	May we contact?	
		☐ Yes ☐ No			
Street Address					
Phone Number		Dates Employed (N	/lonth/Year)		
		From	То		
Job Title and Duties		Reason for Leaving			
Name of Employer		Supervisor		e contact?	
			☐ Yes	□ No	
Street Address					
Phone Number		Dates Employed (Month/Year)			
		From	То		
Job Title and Duties		Reason for Leaving			

Name of Employer	Supervisor	May we contact?
Name of Employer	Supervisor	☐ Yes ☐ No
Street Address		L res L No
off cet 7 had ress		
Phone Number	Dates Employed (Month/Yea	r)
	From	То
Job Title and Duties	Reason for Leaving	
Have you ever been involuntarily terminated or asked to res	ign from any job?	Yes □ No
If yes, explain:		
п уез, екрипп.		
Explain any gaps in your employment history:		

List any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

DUCATION						
	educational backgroun	d in the table prov				I
	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area o	f Study/Major	Specialized Training, Skills, or Extra- Curricular Activities
High School						
College/ University						
Graduate/ Professional School						
Trade School						
Other						
	ROFESSIONAL REFERENCES					
st three profe Name and Titl	essional references of i le	ndividuals who are Relationship	e not related to	you:	Phone Numbe	er or Email
ersonal Refer st three peop	ENCES le who know you well:					
Name and Title			Relationship and Years Acquainted		Phone Number or Email	
rnena luca	447.01					
eneral Inform 1. Have y	и атюн ou ever used another i	name?				□ Yes □ No

2.			and educationa	al record?			•
3.	Have you eve	r worked for th	s company befo	ore?			□ Yes □ No
	If yes, give d	ates and posit	ion:				
4.							
5. Are you available to work? □ Full-time □ Part-time □ Shift Work □ Temporary							
ŝ.	5. Days and hours you are available to work:						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7.	If hired, would you have a reliable means of transportation to and from work? ☐ Yes ☐ No						
3.	3. Can you travel if the position requires it?□ Yes □ No						
).	. Can you relocate if the position requires it? \square Yes \square No						
10	.0. Are you at least 18 years old? □ Yes □ No						
	Note: If und	er 18, hire is su	ıbject to verifi	cation that yo	u are of minim	um legal age.	
11	. If hired, can y	ou present evid	ence of your id	entity and lega	right to work in	this country?	□ Yes □ No
L2	. Are you able	to perform the	essential job fur	nctions of the jo	b for which you	are applying w	ith or without
reasonable accommodation? \square Yes \square No							
	Note: We comply with the ADA and consider reasonable accommodation measures that may be						
	necessary for qualified applicants/employees to perform essential job functions.						

APPLICANT STATEMENT AND AGREEMENT Read and initial each paragraph below. If there is anything that you do not understand, please ask. I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. If I am employed by the Company, I understand that I am required to comply with all rules and regulations of the Company. __ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications. _ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health. I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

MY SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREED TO ALL OF THE ABOVE TERMS.

severed and the remainder of this Agreement shall be enforceable.

Signature:	
Name (print):	Date:

__ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be