

APPLICATION FOR EMPLOYMENT

It is the policy of the company to provide equal opportunity with the regard to all terms and conditions of employment. The company complies with the federal and state laws prohibiting discrimination on the basis of, sex/gender, sexual orientation, race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

All employees of the company are "at-will" (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMAT	ΓΙΟΝ		,		Date:	,	
NAME:					Date		
Last	First	ı	Middle				
PRESENT ADDRESS:	01:		0''		01-1-	7'n Oada	
	Str	eet	City	(State	Zip Code	
PERMANENT ADDRESS:	St	reet	City	1	State	Zip Code	
PHONE NO.:						S□ NO□	
EMAIL ADDRESS:							
Are you legally authorized to w	ork in the U.S. YES	S NO					
EMPLOYMENT DESIRI	ĒD						
POSITION		DATE	YOU CAN S	START:	SALA	ARY DESIRED:	
	IF SO, MAY WE INQUIRE OF						
ARE YOU EMPLOYED NOW? YOUR PRESENT EMPLOYER?							
EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?						WHEN?	
REFERRED BY:							
		(0)			1 5		
EDUCATION	Name & Location	of School		# of Years Attended	Did you Graduate?	Subjects Studied	
High School							
College							
Trade Schools, etc.							
GENERAL Types of Computers, Software Programs, or other electrical or mechanical equipment you are qualified to operate or have had experience operating:							
- 1,7000 of Comparero, Contract of Togramo, of Outer Globatical of Theoriamical equipment you are qualified to operate of that expendence operating.							
Professional Licenses, Certifications or Registrations:							
FORMER EMPLOYE	PS (List bolow la	est four amployare et	arting with t	ho most recent	firet)		
		Employed				Decem Faul covins	
Name & Address of Employer		From - To Sala		iry	Position	Reason For Leaving	

PROFESSIONAL REFI		ou whom you have kno	wn at least one year)	
for an experienced worker of employment. Recent college	ould be a former employ graduates might name	yer, a client, a vendor, a professors, coaches, o	ch for your qualifications for a ja a supervisor, or someone else r other personnel who were ad tive capacity where you displa	who can recommend you for visors in activities. The key is
Name	Business Relationship	Years Acquainted	Phone Number	Email Address
Employment and/o application and are s	r post-employment drug ubsequently hired, you r deriv	screening may be requ	ion, your employment referenc iired. If you have misrepresen n your job. You may make a w	ted or omitted facts on this
n Case of Emergency Co	ntact:			
lame:	Ph	one #:	Cell#:	
Address:		Re	elationship:	
lease identify addresses in	the last 5 years if diff	ferent from current ac	ddress:	
ther Names Used: (Maide	n, alias, nicknames, e	tc.)		
understand that if any rejected and if I am er	false information, om nployed, my employm	issions or misreprese ent may be terminate	on this application is true a entations are discovered, m ed at any time. If I am offer gulations and I agree that m	y application may be ed employment after the

My signature also verifies that the information I have submitted on this application is true and complete and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. If I am offered employment after the hiring process, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause and with or without notice at any time by the company. I understand that no company representative other than its president and then only when in writing and signed by the president has any authority to enter into any agreement for employment or for any specific period of time or to make any agreement contrary to the foregoing.

Date:	Applicant Signature:	