Application for Employment

Please Print

Equal access to programs, services and employment opportunities is available to all persons without regard to sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name	rade al Tarles	y esta establica September establica	450	
Last Address	First	ar inggetiere	345.75	Middle 100 and
Street: Email address	Gty Single	Phone	State	ZIP Code
Position applied for	SI	ift preferred 🔲	l 🔲 2	3
Special training or skills (languages, machine operation, etc.) that wou	ld benefit you in th	ne job for which yo	u are appl	ying:
Would you accept full-time work? ☐ Yes ☐ No Would you acc	cept part-time wor	k? □ Yes □ No		
On what date would you be available for work?				
Have you ever been employed here? Yes No If yes, dates:				
Are you lawfully authorized to work in the United States? $\ $ $\ $ Yes $\ $	No			
Are you able to perform the essential functions of the job for which you this question is not designed to elicit information about an applicant's disal particular accommodation, or whether accommodation is necessary. These issues to the yes No Need more information about the job's essential functions. Notice to Rhode Island applicants: This Company is subject to the state's workers'	bility. Please do not may be addressed at a ctions to respond.	provide information a later stage to the ext	about the ent permit	existence of a disability ed by law.
(Employer to list app	licable exemptions)		4	
Educational Background Starting with your most recent school attended, provide the following information.				
School (include tity and State)	# of Years	Completed 199	C 24	Maio/Minor
	Completed: □ Diplom □ Degree □ Certific: □ Other.	a Yu P⊒GED (1999) in Brook (1999) San Taraka Indonésia (1991) in Brook	Company Section (1997) Section (1998)	The Court of Mary Street Court of the Court
			N	#28###################################
	□ Degree □ Certifica □ Other	ition		
	☐ Diploma ☐ Degree ☐ Certifica ☐ Other			

Employment History Starting with your most recent employer, provide the following information. You may include any verified work performed on a volunteer basis. Employer Telephone # Dates employed: to Compensation (Starting) Street address City State ÷ Starting job title/final job title \$ Commission/Bonus/Other Compensation Immediate supervisor and title (for most recent position held) May we contact for references ☐ Yes ☐ No ☐ Later Hourly ☐ Salary Why did you leave? Commission/Bonus/Other Compensation Employer Dates employed: Street address Compensation (Starting) City Starting job title/final job title Commission/Bonus/Other Compensation Immediate supervisor and title (for most recent position held) May we contact for reference? Compensation (Final ∏ No Later Why did you leave? Commission/Bonus/Other Compensation Employe Dates employed: Street address City State Compensation (Starting) Hourly Starting job title/final job title Commission/Bonus/Other Compensation Compensation (Final) Immediate supervisor and title (for most recent position held) May we contact for reference? Yes ☐ No ☐ Later Hourly Salary Why did you leave? \$ Commission/Bonus/Other Compensation Applicant Statement I certify that all information I have provided in order to apply for and secure work with this authorization to work in the United States and that federal immigration laws require me to employer is true, complete, and correct. complete an I-9 Form in this regard. I expressly authorize, without reservation, the employer, its representatives, employees, or I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal agents to contact and obtain information from all references (personal and professional), information may be shared with the employer's affiliate(s) and third parties engaged by the employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer. job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and This Company does not tolerate unlawful discrimination in its employment practices. non-defamatory information, in a lawful manner, in the employment process and all other No question on this application is used for the purpose of limiting or excluding an persons, corporations, or organizations for furnishing such information about me. applicant from consideration for employment on the basis of his or her sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic I understand that this employer does not unlawfully discriminate in employment and no question information, or any other protected status under applicable federal, state, or local law. on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law. Mandatory Employer Disclosures

on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal

Notice to Maryland applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. Notice to Massachusetts applicants: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. Notice to Rhode Island applicants: This company complies with Rhode Island law prohibiting smoking in enclosed areas within places of employment. Notice to North Dakota applicants: This company complies with North Dakota law prohibiting smoking within 20 feet of entrance and inside places of employment. Notice to Indiana applicants: This company complies with Indiana law prohibiting smoking in enclosed areas within places of employment.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date /



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