### NAME

### PO

# OSISTION:

## Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)					
Position(s) Applied For	Date of Appli	Date of Application			
How Did You Learn About Us?  Advertisement Friend Walk-In  Employment Agency Relative Other	I.				
Last Name First Name	Middle Name				
Address Number Street City	State	Zip			
Telephone Number(s)	Social Securi	ty Number			
If you are under 18 years of age, can you provide required proof of your eligibility to work?	□Yes	□ <sub>No</sub>			
Have you ever filed an application with us before?	□Yes	$\square_{N_0}$			
	If Yes, give date				
Have you ever been employed with us before?	☐Yes	□ No			
	If Yes, give date				
Are you currently employed?	□Yes	$\square$ No			
May we contact your present employer?	$\square_{\mathrm{Yes}}$	$\square_{No}$			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Proof of citizenship or immigration status will be required upon employment.	$\Box_{\mathrm{Yes}}$	$\square_{N_0}$			
On what day would you be available to work?	<u> </u>				
Are you available to work:   Full Time   Parts Time   Shift V	Work Parts Time	Temporary			
Are you currently on "lay-off" status and subject to recall?	□Yes	$\square_{No}$			
Can you travel if a job requires it?	□Yes	$\square_{N_0}$			
Have you been convicted of a felony within the last 7 years?  Conviction will not necessarily disqualify an applicant from employment.	□Yes	$\square_{\mathrm{No}}$			
If Yes, please explain					

#### Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

	nployer Dates Employed		MADIA DEDIZORIA				
١.		From	То	WORK PERFORMED			
	Address						
	Talada Nasalas (a)	III D	t. / C.1				
	Telephone Number(s)	Hourly Rate / Salary Starting Final		_			
	Job Title Supervisor	Starting	Tillal				
	·						
	Reason For Leaving	_					
_	Employer	Dates Employed		WORK PERFORMED			
2.	Address	From	То				
	Variess						
	Telephone Number(s)	Hourly Rate / Salary					
		Starting Final					
	Job Title Supervisor						
	Reason For Leaving						
	Paral	D.t. D	1				
3.	Employer	Dates E	прюуеа То	WORK PERFORMED			
٥.	Address	Pront	10				
	Telephone Number(s)	Hourly Ra	te / Salary				
		Starting	Final				
	Job Title Supervisor						
		4					
	Reason For Leaving						
	Employer	Dates Employed					
4.		From	То	WORK PERFORMED			
	Address						
	Telephone Number(s)	Hourly Rate / Salary					
	Job Title Supervisor	Starting	Final				
	Supervisor						
	Reason For Leaving	-					
	ē						
	If you need additional space	ce, please co	ontinue on	a separate sheet of paper.			
List professional, trade, business or civic activities and offices held.							
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.							

### Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree	
Elementary School					
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					
	Indicate any foreign language	es you can speak, read and	or write		
	FLUENT				
SPEAK	1.00				
READ					
WRITE					
Describe any speci kills and extra-cu	alized training, apprenticeship, rricular activities.				
Describe any job-r States military.	related training received ion the	United			

#### Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. Signature of Applicant FOR PERSONNEL DEPARTMENT USE ONLY  $\square$  No  $\Box$  Yes Arrange Interview Remarks: Interviewer Employed Yes No Date of Employment Hourly Rate / Job Title Salary Department NAME AND TITLE DATE NOTES: