

EMPLOYMENT APPLICATION

Please print in ink and answer all questions completely.

PRISE MODEL SOC. SCC. NO.	POSITION DESIRED:	WHEN CAN YOU REPORT?			SALARY DES	IRED:	DATE OF APPLICATION:			
STITUT	PERSONAL INFORMATION									
THEET ACCRESS APTR CITY STATE 2P SOME PROBE										
SCHEDULING AND AVAILABILITY FOR WORKS WICK YOU WARREN FOR THIS COMPANY? YES MO OTHER MADE YOU WARREN FOR THIS COMPANY SCHOOL? YES MO OTHER MADE YOU WARREN FOR THIS COMPANY SCHOOL? YES MO OTHER MADE YOU WARREN FOR THIS COMPANY SCHOOL? YES MO OTHER MADE YOU WARREN FOR THIS COMPANY SCHOOL YES MO OTHER MADE YOU WARREN FOR THIS COMPANY SCHOOL YES MO OTHER YES MO YES	LAST NAME FIRST	MIDE	DLE	SOC	C. SEC. NO.		HOME PHONE			
SCHEDULING AND AVAILABILITY FOR WORKS							()			
NOW WERE RED TO THIS COMPANY	STREET ADDRESS APT#	CITY		STA	TE ZIP		WORK PHONE			
NOW WERE TON DIRECTION THIS COMPANY							()			
SCHEDULING AND AVAILABILITY FOR WORK:							CELL PHONE			
NAME NOU WORKED FOR THIS COMPANY BY COMMANY?	EMAIL ADDRESS:						()			
NAME NOU WORKED FOR THIS COMPANY BEFORE?							()			
DOYOU HAVE RELATIVES WORKING FOR THIS COMPANY?	HOW WERE YOU REFERRED TO THIS COMPANY?				SCHEDULI	NG AND AVAIL	ABILITY FOR V	<u>VORK</u> :		
DOYOU HAVE RELATIVES WORKING FOR THIS COMPANY?				_	ĺ	_	1 —			
DO YOU MAYER RELATIVES WORRANGE FOR THIS COMPANY? YES	HAVE YOU WORKED FOR THIS COMPANY BEFORE?	YES	NO	FULL TIME PART TIME:			☐ TEMPORARY:			
FYES, LIGHT NAMES:	•		1	# OF HOURS PER			WEEK AVAILABLE THROUGH			
DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WOISK? YES	DO YOU HAVE RELATIVES WORKING FOR THIS COMPANY?	L YES L	NO	U OTHER	OTHER:					
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DOLYTONE A RELIBLE BURNER OF TRANSPORT INTO LOCATION FOR THE POPULATION THE POPULATION	IE NECESSARY ARE VOILABLE AND AVAILABLE TO WORK ANY OF THE FOLLOWING:									
OVERNIGHT	DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM I	WORK? YES	□ NO							
UNITES SERVED IN THE BRANCE: NO SUSINESS TRAVEL YES NO NO NO NO NO NO NO N	IF DRIVING IS REQUIRED IN THE POSITION YOU APPLIED FOR, PLEASE AT	NSWER THE FOLLOW	ING:	OVERTIME	YES] NO E	VENINGS	YES NO		
LICENSE NUMBER: STATE: EXPIRATION DATE: HOLDAYS VES NO RUSINESS TRAYEL VES NO NO NO NO NO NO NO N	• DO VOLLIAVE A DRIVERIO LICENOES TO VEG. TO NO			OVERNIGHT		J NO A	/EEKENDS			
HAVE YOU MID YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED WITHIN THE LAST 3 YEARS? YES NO				HOHDAVO	_ = =] 100		= =		
ARE YOU ANTIGENATION ASSENCES AWAY FROM WORK OF ANY DURATION? YES NO	IF YES, PROVIDE: LICENSE NUMBER: STA	TE: EXPIRATION	IDATE:	HOLIDAYS	YES] NO B	USINESS TRAVEL	☐ YES ☐ NO		
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(NOTE: WE COMPLY WITH THE ADA AND CONSIDER REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS / EMPLOYEES TO PERFORM THEIR ESSENTIAL JOB FUNCTIONS. AN	ARE YOU ABLE TO SAFELY PERFORM THE ESSENTIAL FUNCTIONS OF TH	E JOB FOR WHICH YO	OU ARE AP	PPLYING, EITH	ER WITH OR WITHO	OUT REASONABLE AC	COMMODATION?	☐ YES ☐ NO		
	IF NO, IF YOU REQUIRE REASONABLE ACCOMMODATION, PLEASE EXPLA	IN:								
	(NOTE: WE COMPLY WITH THE ADA AND CONSIDER REASONARIE ACCOMMOD	ATION MEASURES THA	T MAY RE N	IECESSARV EOI	R FI IGIRI E APPI ICAN	TS / EMPLOYEES TO P	EREORM THEIR ESSEN	TIAL JOB FUNCTIONS AN		

EXPLANATIONS, ATTACH A SUPPLEMENTAL APPLICATION (please start with most recent position)		TION EVEN IF YOU HAVE PROVIDED A RESUME. TITLE AND SUMMARY OF YOUR DUTIES:								
FIRM (please start with most recent position)	(may we contact? NO Y	123)	ILE AND	JOIVIIVIA	KT OF TOOK DUTIES.					
ADDRESS Cr	TY STATE ZIP									
SUPERVISOR PHO	NE									
DATES OF EMPLOYMENT (include month and year) From: To:			☐ FULL TIME REASON FOR LEAVING: ☐ PART TIME							
FIRM	M (may we contact? ☐ NO ☐ YES)									
ADDRESS CI	TY STATE ZIP	,								
SUPERVISOR PHO	NE									
DATES OF EMPLOYMENT (include month and year)			1 51111 -	TIME	REASON FOR LEA	WING:				
From: To:			☐ FULL TIME REASON FOR LEAVING: ☐ PART TIME							
FIRM	(may we contact? NO N	YES) TI	TLE AND	SUMMA	RY OF YOUR DUTIES:					
ADDRESS Cr	TY STATE ZIP	,								
SUPERVISOR PHO	NE .									
DATES OF EMPLOYMENT (include month and year)] FULL	TIME	REASON FOR LEA	VING:					
From: To:				TIME						
PROFESSIONAL REFERENCES										
IN THE SPACE BELOW, LIST THREE PEOPLE NOT	RELATED TO YOU WHO HAVE KNOWLEDGE OF YOU	IR WORK	PERFO	RMANC	E WITHIN THE LAST TH	REE YEARS.				
NAME	OCCUPATION / HOW DO YOU KNOW THIS PERSON	1?	,	TE	ELEPHONE #	YEARS KNOWN				
1.			()	-					
3.			(<u>)</u>	-					
3.			<u> </u>	,						
INITIAL	AFFIDAVIT									
	in this employment application and supplem									
	d by the Company unless indicated to the other consideration for employment and may									
	estigation concerning background and cred tinvestigation. I also understand that employed									
reference checks and the provision	of satisfactory proof of an applicant's identity	and leg	jal aut	thority	to work in the Unite	d States.				
	I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a pre-employment									
my being physically, mentally and n	alcohol and drug screening examination. I understand that my job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential									
functions of my job. I consent to the to do the work for which I am applyir	functions of my job. I consent to the release of any or all medical information as may be deemed necessary to judge my capabil									
I understand that nothing in this a	application, conveyed during any interview,									
	employment between the Company or any subsidiary or affiliate and myself, nor guarantees employment for any definite period time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at all									
time, with or without cause or notice	by either myself or the Company. I unders									
and conditions at any time. I understand that any and all dis	putes regarding my employment with the	Compa	any, ii	ncludir	ng any disputes re	elating to the				
termination of my employment, ar	termination of my employment, are subject to the Alternative Dispute Resolution process, which includes final and binding arbitration. I also understand and agree, as a condition of employment, to submit any such disputes for resolution under that									
	e by and accept the decision of the arbitration									
PLEASE READ EACH STATEMENT CAREFULL	Y BEFORE SIGNING. I have read understan	nd, and h	v mv s	signatu	re consent to these s	statements				
		.a, and b	,y c	ga.u	30.10011.10 111030 3	AGIOTIONIO.				
APPLICANT'S SIGNATURE:				DATE	≣:					