

(PLEASE PRINT) Date of Application				
Position(s) Applied For				
Referral Source: □ Advertisement □ Friend □ Relative □ Employment Agency □ Walk In □ Other				
Name				
	Middle			
Current Address				
Number Street City	State		Z	ip
Telephone () E-Mail Address(Optional)				
If employed and you are under 18, can you furnish a work permit?		Yes		No
Have you filed an application here before? If yes, give date?		Yes		No
Have you ever been employed here before? If yes, give date		Yes		No
Are you employed now?		Yes		No
May we contact your present employer?		Yes		No
Are you a U.S. citizen or can you establish that you are an authorized worker?		Yes		No
On what date would you be available for work?	<u> </u>			
Are you available to work □ Full time □ Part time □ Special Assignment				
Are you on layoff and subject to recall?		Yes		No
Have you ever been convicted of, or pled guilty or nolo contendere to any crime (other than a minor traffic violation)?		Yes		No
If yes, please explain (Note that conviction of a crime will not necessarily disqualify an applicant – the nat conviction occurred will be considered)	ure of th	e crime	and wh	nen the
Approximate rate of pay expected:	<u>-</u> -			
Do you have the physical ability to perform all essential duties of the job(s) for which you are applying?		Yes		No
If no, please explain				
Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability?	_	Yes		No
If yes, please indicate				

Give name, address and telephone nu	umber of three references v	who are not related to yo	ou and are not previous	employers.		
<u>EDUCATION</u>						
	ELEMENTARY	HIGH	COLLEGE/ UNIVERSITY	GRADUATE PROFESSIONAL		
School Name			0112 (BR011 1	1101200101112		
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4		
Diploma/Degree						
Describe Course of Study						
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities						
Honors Received:						
tate any additional information you	feel may be helpful to us	in considering your emr	olovment:			
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ummarize special skills and qualific	cations acquired from emp	loyment or other experi	ence.			

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

<u> </u>					
	DATES EMPLOYED		WORK PERFORMED		
EMPLOYER	FROM	TO			
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PHONE					
JOB TITLE	HOUDI V DAT	E/CALADY			
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	STARTING	FINAL			
SUPERVISOR					
REASON FOR LEAVING					
	DATES		WORK PERFORMED		
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	STARTING	FINAL			
SUPERVISOR					
REASON FOR LEAVING					
	DATES		WORK PERFORMED		
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ADDRESS					
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JOB TITLE	HOURLY RATE/SALARY				
	STARTING	FINAL			
SUPERVISOR					
REASON FOR LEAVING					
	DATES		WORK PERFORMED		
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JOB TITLE	HOURLY RATE/SALARY		_		
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	STARTING	FINAL			
SUPERVISOR	STARTING	FINAL			
	STARTING	FINAL			
SUPERVISOR REASON FOR LEAVING	STARTING	FINAL			

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the Center and agree that, except to the extent provided by an applicable collective bargaining agreement or other contract providing to the contrary, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Center or myself and without notice or liability for wages or salary except such earned at the date of such termination.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Center. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the Center in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Center during my employment if I am offered and accept a job when such examinations are job-related and consistent with business necessity. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the Center will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the Center and is exclusively the Center's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Center.

Applicant Signature	Date	
Position Considered		
Interviewed By		
Date		
Accepted for Employment		
Comments		