

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes____ No____

If no, describe the functions that cannot be performed _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense, felony or serious misdemeanor?
 (Convictions for marijuana-related offenses that are more than two years old need not be listed)
 Yes____ No____

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

School	Name and Address	No. of yrs completed	Did you graduate?	Degree or Diploma
High School				
College/ University				
Vocational/ Business				
Health Care				

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____

Address _____
Street City State Zip

Type of Business _____

Telephone No. (____)_____ Your Supervisor’s Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer _____

Address _____

Street

City

State

Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name _____

Address _____

Street

City

State

Zip

Occupation _____

Telephone No. (____) _____ Number of Years Acquainted _____

Name _____

Address _____
Street City State Zip

Occupation _____

Telephone No. (____) _____ Number of Years Acquainted _____

Name _____

Address _____
Street City State Zip

Occupation _____

Telephone No. (____) _____ Number of Years Acquainted _____

Please read carefully, initial each paragraph and sign below.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicants Signature _____

Date _____