We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

| PERSONAL INFORMATION | | Date | Date of Application: | | |
|---|------------------------|--|----------------------|----------|--|
| Name: | | | | | |
| Last | | First | Mide | Middle | |
| Address: | | | | | |
| Number | Street | City | State | Zip Code | |
| Contact Information: (| Home Phone | Cell Phon |) ne | | |
| Email: | | | | | |
| Position Sought: | | | | | |
| Have you filed an applic | eation here before? Y | TES NO | If Yes, give date: _ | | |
| Have you ever been emp | ployed here before? | YES NO | If Yes, give date: | | |
| Are you employed now? | YES NO | | | | |
| May we contact your pre | esent employer? YES | S NO | | | |
| Are you prevented from Status? YES NO_* (Proof of | | mployed in this countri gration status will be re | • | | |
| On what date would you | be available for wor | k? | | | |
| Work Availability: Mor | rnings Afterno | ons Evenings _ | Weekends _ | | |
| Are you on a lay-off and | I subject to recall? Y | ES NO | | | |
| Have you been convicted *(Conv | | he last 7 years? YES sarily disqualify applic | | nent.) | |
| | | | | | |
| If yes, please explain: | | | | | |

| | EDUC. | ATION | |
|---|--|------------------------------|------------------------|
| T | Name and Location | Graduate? Degree? | Major/Subjects of Stud |
| High School | | | |
| College/University | | | |
| Specialized Training, Trade School, etc. | | | |
| Other Education | | | |
| , | SPECIAL SKILLS AN | D QUALIFICATION | NS. |
| | nighest proficiency, special si e above mentioned position. | kills or other items that ma | y contribute to your |
| | | | |

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

| 1. EMPLOYER: | | TELEPHONE: () | |
|-----------------------|-------------|---------------|--|
| ADDRESS: | | | |
| JOB TITLE: | SUPERVISOR: | | |
| DATES EMPLOYED: FROM: | | TO: | |
| REASON FOR LEAVING: | | | |
| | | | |
| | | | |
| 2. EMPLOYER: | | TELEPHONE: () | |
| ADDRESS: | | | |
| JOB TITLE: | SUPERVISOR: | | |
| DATES EMPLOYED: FROM: | | TO: | |
| REASON FOR LEAVING: | | | |
| | | | |
| | | | |
| | | | |

| 3. EMPLOYER: | | TELEPHONE: () | |
|-----------------------|-------------|---------------|--|
| ADDRESS: | | | |
| JOB TITLE: | SUPERVISOR: | | |
| DATES EMPLOYED: FROM: | | TO: | |
| REASON FOR LEAVING: | | | |
| | | | |
| | | | |
| 4. EMPLOYER: | | | |
| ADDRESS: | | | |
| JOB TITLE: | SUPERVISOR: | | |
| DATES EMPLOYED: FROM: | | TO: | |
| REASON FOR LEAVING: | | | |
| Work Performed: | | | |
| | | | |

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorized investigations 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 180 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 on 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.

| 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 of the |
| employer. |
| |
| |
| |

Date

Signature