EMPLOYMENT APPLICATION

Should you need reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department or other designated company representative. Information provided on this application will be kept confidential and only be shared with those involved in the selection process.

Please provide all information requested. Incomplete information may disqualify you from consideration.

| Please Print. | Today's Date | | | | | |
|--|--------------------------------|-------------------|--------|---------|---------|----|
| | GENERAL INFORMATIO | ON | | | | |
| NameLast | First | | | Middl | e | |
| Lust | THSt | | | Wilde | | |
| Present AddressStreet | City | State | | Zip C | ode | |
| Telephone Number () | Messag | ge Number (| _) | | | |
| How were you referred to our Company? _ | | | | | | |
| Are you 18 years or older? | | | | Yes | | No |
| Are you legally authorized to work in the United States? | | | | Yes | | No |
| As required by law, documents that prove i | dentity and eligibility to wor | rk must be provid | led at | time oj | f hire. | |
| | EMPLOYMENT DESIRE | D | | | | |
| Position Applied For | | | | | | |
| Do you want to work: Full-time | Part-time | Temporai | ту | | _ | |
| Specify days and hours available, if part-tin | me | | | | | |
| Date available to start work | Salary Expectations | | | | | |
| Have you applied for employment with this | s company within the last 12 | 2 months? | | Yes | | No |
| Have you ever worked for us before? (Please provide your name of record at that iob title and dates of employment) | ıt time, | | | Yes | | No |

An Equal Opportunity Employer Affirmative Action and E-Verify Employer

EDUCATION

List education if it is related to the job for which you are applying.

| | High School | Technical College | College | Graduate School |
|----------------------------|-------------|-------------------|------------|-----------------|
| School Name and Location | | | | |
| Years Completed (Circle) | 9 10 11 12 | 1 2 | 1 2 3 4 | 1 2 3 4 |
| Did You Graduate? | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Diploma/Degree/Certificate | | | | |

| SPECIAL SKILLS/ADDITIONAL TRAINING | 3 | |
|--|-------------------|------|
| Please describe any special job-related skills and qualifications acquired from empolunteer experiences, etc. Do not include experiences which would indicate race enetic information, disability or age or any other status protected by law or regular | religion, sex, na | |
| | | |
| MISCELLANEOUS | | |
| Ias your employment with any employer ever been involuntarily terminated? | ☐ Yes | □ No |
| f yes, please identify the employer(s), date of termination(s) and reason(s) for termination(s) | nination: | |

EMPLOYMENT HISTORY (Please Start With Your Present or Most Recent Position)

| NAME OF EMPLOYER: | ADDRESS: | |
|--|-------------------------------|------------|
| TELEPHONE NUMBER: | POSITION: | |
| DATES EMPLOYED: FROM: TO: | NAME AND TITLE OF SUPERVISOR: | |
| STARTING PAY: ENDING: | | |
| REASON FOR LEAVING: | | |
| BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIE | BILITIES: | |
| | | |
| | May we contact this employer? | ☐ Yes ☐ No |
| | | |
| NAME OF EMPLOYER: | ADDRESS: | |
| TELEPHONE NUMBER: | POSITION: | |
| DATES EMPLOYED: FROM: TO: | NAME AND TITLE OF SUPERVISOR: | |
| STARTING PAY: ENDING: | | |
| REASON FOR LEAVING: | | |
| BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIE | BILITIES: | |
| | | |
| | May we contact this employer? | ☐ Yes ☐ No |
| | | |
| NAME OF EMPLOYER: | ADDRESS: | |
| TELEPHONE NUMBER: | POSITION: | |
| DATES EMPLOYED: FROM: TO: | NAME AND TITLE OF SUPERVISOR: | |
| STARTING PAY: ENDING: | | |
| REASON FOR LEAVING: | | |
| BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIE | BILITIES: | |
| | M | ☐ Yes ☐ No |
| | May we contact this employer? | i fes i No |
| NAME OF EMPLOYER: | ADDRESS: | |
| TELEPHONE NUMBER: | POSITION: | |
| DATES EMPLOYED: FROM: TO: | NAME AND TITLE OF SUPERVISOR: | |
| STARTING PAY: ENDING: | | |
| REASON FOR LEAVING: | | |
| BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIE | RII ITIES: | |
| The second secon | · | |
| | V | ☐ Yes ☐ No |
| | May we contact this employer? | ☐ Yes ☐ No |

REFERENCES

Please provide the names of three business references that are not related to you.

| Name | Phone Number | Address | Years Known and In What Capacity |
|------|--------------|---------|-------------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

SIGNATURE

APPLICANT: Please read the following carefully before signing this application.

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the
 hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my
 employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Company and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and this Company has the right to terminate my employment at any time, for any reason or no reason, with or without notice. This Company's policies and procedures, including employment at-will, cannot be modified in any way without express written intent to do so by the senior business leader of this organization.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- Unless otherwise noted above, I authorize this Company and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Company any job-related information, personal or otherwise, they may have regarding me and I release this Company and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Company which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that if selected I may have access to or work with sensitive, proprietary, trade secret and confidential information and agree not to disclose it unless there is a legitimate business reason to do so and only to those with a need to know.
- I understand that the company may conduct a criminal background investigation of me for the position for which I am applying and that a separate authorization to do so will be required. A conviction is not an automatic bar to consideration and/or employment. The company will consider the nature, date and circumstances of the offense, amount of time that has elapsed since the conviction and/or completion of the sentence, any evidence of rehabilitation efforts, as well as the relationship and/or relevance between the offense and the duties of the position sought.

| By signing below, I acknowle | statements. | |
|------------------------------|--------------------------|--|
| | | |
| Date | (Signature of Applicant) | |