

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

"Employer" Solution Specialist			Position applying for										
PERSONAL DAT	'A												
Name (last, first, middle	)												
Street Address and/or M	ailing Address			Ci	ity			State		Zip			
Home Telephone Number			Business Telephone Number				Cellular Telephone Number						
Date you can start work			Salary Desired				Do you ha	Do you have a High School Diploma or GED?  Yes \( \subseteq \  \					
POSITION INFO	RMATION	Check all that	you are willing to work	ζ.									
Hours: Full Time Days Part Time Even			Swing Graveyard Weekends			Status: Regular							
Are you authorized to work in the U.S. on an unrestricted basis?			basis?					Ye	s U	No			
Have you ever been com If yes, explain:	victed of a felor	ny? (Convictions w	rill not necessarily disq	ualify an app	plicant fo	r employn	ment.)	Yes	s 🗆	No			
Have you been told the G Yes N Can you perform these e	lo 🗆				-	iption listi Yes	ing the essen	tial fund	ctions of the j	ob?			
QUALIFICATION degrees, vocational or to			r training you feel relat	tes to the pos	sition app	olied for th	nat would hel	p you p	erform the wo	ork, such	as schools, colleges,		
		School Na	ime	e Degree				Address/City/State					
School													
School													
Other													
SPECIAL SKILL	S List any spec	eial skills or experie	ence that you feel wou	ld help you i	in the pos	ition that	you are apply	ying for	(leadership,	organizat	tions/teams, etc.		
REFERENCES professional references,			erences not related to y rences.	ou, with full	l name, a	ddress, ph	one number,	, and rela	ationship. If	you don'	t have three		
Name	Name			Address/City/State				Ph	ione		Relationship		

WORK HISTORY Start with your present or most recent employ	yment and work ba	ack. Use separate sheet if necessary.	(INCLUDE PAID AND UNPAID POSITIONS)			
Job Title #1	Start Date (mo/	/day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's N	ame	Phone Number			
City	State		Zip			
Duties:						
Reason for Leaving		Starting Salary	Ending Salary			
Reason for Leaving		,	Ending Salary			
May we contact your present employer?	Yes	No N/A	_			
Job Title #2	Start Date (mo/	/day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's N	ame	Phone Number			
City	State		Zip			
Duties:	•					
		1	1			
Reason for Leaving		Starting Salary	Ending Salary			
Job Title #3	Start Date (mo/	/day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's N	ame	Phone Number			
City	State		Zip			
Duties:	•					
Reason for Leaving		Starting Salary	Ending Salary			
Job Title #4	Start Date (mo/	/day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's N	ame	Phone Number			
City	State		Zip			
Duties:						
		1	T			
Reason for Leaving		Starting Salary	Ending Salary			
I certify that the facts set forth in this Application for En nployed, false statements, omissions or misrepresentations may ret forth in this application and release the Employer from any liab I acknowledge and understand that the company is an "a nployee) may resign at any time, just as the employer may terminate without notice to the other party.	result in my dismoility. The empl at will" employe	nissal. I authorize the Employer oyer may contact any listed refer. Therefore, any employee (reg	to make an investigation of any of the facts rences on this application. ular, temporary, or other type of category			
pplicant Signature		Date				
phean signature		Date				

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