Please Print Clear	rly	APPLICATION	FOR EMPL	OYMENT		
Company Nam	pany Name		Date			
We are an equal o servicemember sta pregnancy, citizens THIS COMPANY IS OF ANY PROVISION	pportunity employd tus, race, color, i hip status or any of AN AT-WILL EMPLI N IN THIS APPLICA ANY REASON, WI	estions. Résumés A er. Applicants are co religion, sex, nation ther category protecto OYER WHERE ALLOV TION, IF HIRED, THE TH OR WITHOUT CAU OTHERWISE.	onsidered for positional origin, age, phed by applicable fewer by APPLICAE COMPANY OR I M.	tions without r lysical or men deral, state, or l LE STATE LAW AY TERMINATE	egard to vetera tal disability, g ocal laws. /. THIS MEANS THE EMPLOYM	n status, uniformed genetic information, THAT REGARDLESS IENT RELATIONSHIP
Applicant Name		Posi	tion Applied For			_ (list only one)
Telephone Number ()	Alternate	e/Cellular Telephone	Number ()	
Present Address						
			artment, or Unit Numbe		ere/	_ Years/Months
City	5	State Zi _l	р			
Email Address (optio	nal)		Are yo	u 18 years of ag	e or older? Yes [□ No □
If under the age of 18	3, can you produce th	ne necessary work cert	ificate at the time of	employment?	Yes [□ No □
Type of employment	desired? Full-t	ime Part-time	☐ (Specify Ho	urs)		
Are you willing to wo	rk overtime? Yes 🗌	No 🗌 Da	ate on which you car	n start work, if hi	red:	
If hired, can you prov	vide proof that you ar	e legally eligible for en	nployment in the U.S	S.? Yes ☐ N	l o □	
If not, what steps mu	st be taken for you to	begin employment lav	wfully?			
Have you previously	applied for employm	ent with this Company	? Yes [] No □		
If Yes, when and who	ere did you apply? _					
Have you ever been	employed by this Co	mpany? Yes [□ No □			
If Yes, provide dates	of employment, loca	ation and reason for se	paration from emplo	yment		
		by which you have bee of name, use of an as			allow us to conf	irm your work and
	ent, a non-competition	ner employer which cou on or non-solicitation a			Company if hired	d (for example, an
Education		e and Location City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed	Honors Received
High School						
College						
Graduate/						
Professional						
Trade or Correspondence						

WORK EXPERIENCE

Employer

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. **Do not answer "see** *résumé."*

Name	Address	;	Type of Business
Telephone()	Dates Employed	From//	_ To / /
Job Title	Duties		
Supervisor's Name	May we co	ontact?	o, why not?
Reason for Leaving?			
What will this employer say was the reason	n your employment terminated?		
Were you ever disciplined? If so, for what?	?		
How much notice did you give when resigr	ning? If none, explain		
Employer			
Name	Address	;	Type of Business
Telephone()	Dates Employed	From/	_ To / /
Job Title	Duties		
Supervisor's Name	May we c	ontact? Yes No If No	, why not?
Reason for Leaving?			
What will this employer say was the reason	n your employment terminated?		
Were you ever disciplined? If so, for what?			
How much notice did you give when resigr	ning? If none, explain		
Have you ever been terminated or asked t	o resign from any job?	☐ Yes ☐ No If Yes, how	many times?
Has your employment ever been terminated by mutual agreement?		☐ Yes ☐ No If Yes, how	many times?
Have you ever been given the choice to re	☐ Yes ☐ No If Yes, how	many times?	
	nree questions, please explain the o	ircumstances of each occas	ion.
f you answered Yes to any of the above th			
If you answered Yes to any of the above th			
If you answered Yes to any of the above the			
Briefly describe your qualifications for this	position and any special skills or ex		

REFERENCES [Optional]

Please list the names of additional work-related references we may contact who have worked with you in the past. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e. supervisor, co- worker)	TELEPHONE/EMAIL

Please list the names of personal references (not previous employers or relatives) who you know that we may contact.

NAME	OCCUPATION	RELATIONSHIP	TELEPHONE	NUMBER OF YEARS KNOWN

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) unlawful drug and/or alcohol test is positive, the employment offer may be withdrawn where allowed by law. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that alcohol and/or drug testing may be a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of Company property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property. I understand that I have no expectation of privacy in Company property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate, to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER WHERE ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE LAWFUL RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL UNLESS SUCH AGREEMENT IS SIGNED BY THE PRESIDENT OF THE COMPANY.

I authorize the Company and/or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking, to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. I certify that I have received a separate written notification that the Company may obtain consumer reports (for example, criminal history, driving records, etc.) on me for use in connection with my Application (where allowed by law) and, if I am hired, my employment, unless otherwise prohibited by state, local, or federal law.

I AUTHORIZE AND CONSENT TO, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER (INCLUDING ANY AND ALL PRIOR EMPLOYERS OF MINE) TO FURNISH INFORMATION REGARDING MY PREVIOUS EMPLOYMENT HISTORY AND/OR ANY OF THE ABOVE-MENTIONED INFORMATION. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the Company to provide truthful information concerning my employment to future employers and hold the Company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

This application will be considered active for a maximum of sixty (60) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

	MPLETE. HE INFORMATION CONTAINED IN THE APPLICATION.
Applicant Signature	//
by the applicant's parent or legal guardian constitutes acknowled Company, to the extent permitted by federal, state, and local la	nust be signed by the applicant's parent or legal guardian. Signature edgement by the applicant and the parent or legal guardian that the lw, can test the applicant for illegal or controlled substances, conduct results to Company personnel who need to know, the applicant, and
Parent/Legal Guardian	Witness
Date	Date

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

THIS APPLICATION MAY NOT BE SUFFICIENT FOR ALL INDUSTRIES OR APPROPRIATE FOR USE IN ALL LOCALITIES.

*This employment application not appropriate for use by Rhode Island employers exempt from the state's Workers' Compensation laws.