



**NOTICE TO APPLICANTS
Ver 16.03**

GENERAL INFORMATION

We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, age, disability, handicap, marital status or any other basis protected by law. The opportunity for employment will be based solely upon your qualifications and ability to perform the job for which you are being considered. We also reasonably accommodate individuals with disabilities, handicaps, and bona fide religious beliefs.

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. You may also be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. Upon request, all entering employees in the same job category will be required to complete the same medical questionnaire and/or examination. All medical information will be kept in confidential.

We also maintain a Drug-Free Workplace in accordance with all applicable State and Federal regulations, copies of which, together with the employer's Drug-Free Workplace Policy are available for inspection at all reasonable times by applicants or employees upon request.

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that, if hired, I will be placed in a probationary status. I further understand that if I am terminated for unsatisfactory work performance within this probationary period, the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination.

_____ **(Initial)**

I understand that as a condition of my employment, I must take and pass a pre-employment urine and/ or blood test at authorized threshold levels for any or all of the drugs or alcohol listed by the employer's Drug-Free Workplace Policy, a copy of which I may request for review prior to testing.

_____ **(Initial)**

I further understand, subject to confidentiality constraints and rights of appeal granted by State and Federal law, if the results of my pre-employment drug and/or alcohol tests are POSITIVE (indicating substance abuse) and are received by the employer prior to or within the probationary employment period, notwithstanding any other disciplinary provisions contained in the employer's Drug-Free Workplace Policy statement, I will be terminated for cause and the employer may seek to deny any unemployment benefits I might attempt to obtain.

_____ **(Initial)**

I understand and agree that all policies, procedures, whether written, published or orally communicated by the employer may be modified, amended, or deleted by the employer with or without notice to me of such change(s); that the employer's policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and if hired, my employment may be terminated at my option or at the option of my employer with or without prior notice to either party. I also agree there are no other written or oral arrangements, agreements, or understandings regarding the terms of my employment and that any amendments or exceptions to this statement must be in writing and signed by a person(s) duly authorized by the employer.

_____ **(Initial)**

I certify that all information given to the employer by me in the form of an employment application, resume, or related papers, or answers given by me during oral interviews, are true and correct. I understand the employer may conduct a thorough investigation of my past work and personal history. In considering me for employment, promotion, reassignment or retention as an employee the Company may request and relay upon one or more consumer reports or investigative consumer reports about me that the Company obtains from a consumer reporting agency. I understand that falsification or any derogatory information discovered as a result of investigation may subject me to immediate dismissal for cause and the employer may seek to deny unemployment benefits as a result of my termination.

_____ **(Initial)**

Applicant Printed Name

Date

Applicant Signature



Employment Application

Equal Opportunity Employer

GENERAL INFORMATION

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address:

Date Available: Social Security No.: Desired Salary: \$

Position Applied for:

Are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when?

Have you ever been convicted of a felony? YES NO

If yes, explain:

EDUCATION

High School: Address: Did you graduate? YES NO Degree:

College: Address: From: To: Did you graduate? YES NO Degree:

Other: Address: From: To: Did you graduate? YES NO Degree:

REFERENCES

Please list three professional references, not related to you, whom you have known at least one year.

Full Name: Relationship:

Company: Phone: ()

Address:

Full Name: Relationship:

Company: Phone: ()

Address:

Full Name: Relationship:

Company: Phone: ()

Address:

PREVIOUS EMPLOYMENT

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

MISCELLANEOUS

List additional info that will help in evaluating this application including training, seminars, workshops, special achievements or skills and project experience: _____

Disclaimer and Signature

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Signature: _____ Date: _____