

APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

- 1. Please read "APPLICANT NOTE" below.
2. Complete both pages.
3. If more space is needed to complete any question, use comments section at the bottom of this page
4. Print clearly; incomplete or illegible applications will not be processed
5. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
6. DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNTIL INSTRUCTED.

TODAY'S DATE: _____

NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET

CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

CITY STATE ZIP

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY

For which position are you applying? _____

What date can you start? _____ What category would you prefer? [] Full-time [] Part-time [] Temporary [] Labor Pool

For which schedules are you available? [] Weekdays [] Weekends [] Evenings [] Nights [] Overtime [] Shift [] Other _____

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related

- [] Yes [] No If the job requires, do you have the appropriate valid driver's license?
Name of license _____ DL# _____ Type _____ State of issue _____
[] Yes [] No Have you had any moving violations? Please describe _____
Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company _____
[] Yes [] No Have you been given a job description or had the requirements of the job explained to you?
[] Yes [] No Do you understand these requirements?
[] Yes [] No Can you perform the requirements of this job with or without reasonable accommodation?
List languages in which you are fluent _____

SECURITY

List states and counties of residence for the past seven years _____

- [] Yes [] No Have you used any names or Social Security Numbers other than given above? If so, please list in comments below.
[] Yes [] No Have you been convicted of, or served time for a felony in the past seven years? If so, please describe in the boxes below. (In accordance with company policy this information will be received for job relatedness and time since last conviction.)

Table with 3 columns: INCIDENT, CITY/STATE, CHARGE. Rows 1 and 2.

COMMENTS

(Ask for additional page, if necessary)

