Application for Employment

Please Print

| Equal access to programs, services and employment is the application and/or interview process should notify | | | | commodation to |
|---|--|---------------------------|-----------------------------------|--------------------------------|
| Position(s) applied for | | Mary All | Date of application_ | 11 |
| Name | | | Applicant ID # | |
| Name F Address Street | irst | Middle | | |
| Telephone # () Street Cellular/Other | r#() | E-mail Add | ress State | ZIP Code |
| Referral Source (How did you hear about us?) | | | | |
| | | | | |
| If you are under 18 and it is required, can you furnish | - 100 | | | |
| If no , please explain: | | | | |
| Have you ever been employed here before? If yes, give | | | | |
| Is this application a request for reemployment following If yes, additional information may be requested. | 1,0738 | | • , | |
| Are you legally eligible for employment in this country | у? | | | |
| Date available for work// | What is your desired salar | ry range? | | .\$ |
| Type of employment desired: \Box Full-Time | Part-Time Tem | porary | ☐ Seasonal ☐ E | ducational Co-C |
| Are you able to perform the "essential functions" of the | , , , | | | • |
| This question is not designed to elicit information about an a particular accommodation, or whether accommodation is nece | ssary. These issues may be add | ressed at a late | r stage to the extent permitt | of a disability, ed by law. |
| ☐ Yes ☐ No ☐ Need more information abou | t the job's "essential function | ons" to respon | d | |
| Driver's license number required if driving may be requ | • | • | | |
| Answering "yes" to either part of the following question does seriousness and nature of the violation, rehabilitation and po | not constitute an automatic basition applied for will be taken | ar to employme | nt. Factors such as date of th | e offense, |
| Have you ever pleaded "guilty" or "no contest" to, or t | | | | □Yes □N |
| If yes , please provide date(s) and details: | | | 2004. (| |
| Employment History | | F 70. | 1 S 1 1 1 1 1 1 1 | |
| Starting with your most recent employer, provide the | following information. | | | W. P. |
| | phone # | Dates employed: | Month / Year to | Month / Year |
| Street address City | State | C., | Compensation (Starting) | |
| Starting job title/final job title | NAME OF TAXABLE PARTY. | Commission/Bonu | Salary \$ | per |
| Immediate supervisor and title (for most recent position held) | May we contact for reference? | | Compensation (Final) | |
| Why did you leave? | E-mail: | Hourly Commission/Bonu | Salary \$ | per |
| Summarize the type of work performed and job responsibilities. | | - missiony dolla | oy owner comparisoners a | |
| Employer Tele | phone # | Dates employed: | Month / Year to | Honth / Year |
| Street address Gity | State | | Compensation (Starting) | |
| Starting job title/final job title | | Commission/Bonu | Salary \$ | per |
| Immediate supervisor and title (for most recent position held) | May we contact for reference? | and the second | Compensation (Final) | × |
| Why did you leave? | Yes No Later | Hourly Commission/Book | Salary \$ | per |
| Summarize the type of work performed and job responsibilities. | | COMMISSION DONG | Sy owner compensation I | 7.0 |
| Employer Tele | phone # | Dates employed: | Month / Year to | Month / Year |
| Street address City | State | | Compensation (Starting) | - |
| Starting job title/final job title | TALL TOWN | Hourly Commission/Ronu | Salary \$ s/Other Compensation \$ | per |
| Immediate supervisor and title (for most recent position held) | May we contact for reference? | | Compensation (Final) | |
| Why did you leave? | Yes No Later | Hourty Commission (Rossu | Sulary \$ | per |
| Summarize the type of work performed and job responsibilities. | E-mark | Commission/Rond | s/Other Compensation \$ | |

| Skills and Qualifications Summarize any special training, skills, license | es and/or certificates t | that may assist y | ou in performing th | ne position for which | you are applying: |
|--|--|--|--|---|---|
| Commuter Skills (Check appropriate house Include | do coftware titles and was | rs of ovnorionse \ | | | |
| Computer Skills (Check appropriate boxes. Inclu ☐ Word Processing | | | | | Vanre |
| Spreadsheet | | | | | |
| ☐ Presentation | | | | | |
| Educational Background | rears. | _ Doner | | | Tears. |
| Starting with your most recent school attend | ed, provide the follow | ving information | n. | | |
| School (include City & State) | | Years Complete | d Complete | ed GPA Class Rank | Major/Minor |
| | | | □ Diploma □ GED | | |
| | | | ☐ Degree | | |
| | | 2 101 19 74 19 | □ Other □ Diploma □ GED | talifoliae Micolai | and a line of the same |
| | | | ☐ Degree | | |
| | | | □ Other | 李化 不定任 拉拉斯 | |
| | | | ☐ Diploma ☐ GED ☐ Degree | | |
| | | | ☐ Certification | | |
| References | | | | | |
| List names and telephone numbers of three | husiness/work refere | ences who are n | ot related to you a | nd are <i>not</i> previous s | supervisors |
| If not applicable, list three school or person | al references who are | not related to | you. | id are not previous s | |
| Name Titte | Relation to Yo | | Telephone | E-mail | # of Year Known |
| | | (|) | | y |
| | | 1 |) | | |
| The state of the s | | 7 | 1 | | |
| | | Name of the same | | STRANS MARIA MENDANCINA | |
| Social Security Number | | | | | |
| SS# We will use th | is information only for en | iployment purpose | s and make reasonable | efforts to safeguard your | privacy. |
| Applicant Statement | | | | | |
| I certify that all information I have provided in order | | | | | |
| I expressly authorize, without reservation, the employ professional), employers, public agencies, licensing au application, resumé or job interview. I hereby waive at gathering and using truthful and non-defamatory information about me. | thorities and educational ny and all rights and claim ormation, in a lawful man | institutions and to out in a second to out in a second in the employmen, in the employmen. | otherwise verify the acc ding the employer, its ag nent process and all oth | uracy of all information prents, employees or represer persons, corporations of | provided by me in this sentatives, for seeking or organizations for |
| I understand that this employer does not unlawfully d any applicant from consideration for employment on | iscriminate in employmer any basis prohibited by ap | nt and no question oplicable local, state | on this application is us or federal law. | ed for the purpose of lim | iting or eliminating |
| I understand that this application remains current for for employment, it will be necessary for me to reapply | | | if I have not heard from | the employer and still w | ish to be considered |
| If I am hired, I understand that I am free to resign at any employment at any time, with or without cause and with | time, with or without caus | se and with or witho | | | |
| for employment for any specified period or definite dura contrary and that no implied oral or written agreements | contrary to the foregoing of | express language are | valid unless they are in | writing and signed by the | employer's president. |
| I also understand that if I am hired, I will be required require me to complete an I-9 Form in this regard. | to provide proof of identi | ty and legal authori | zation to work in the U | nited States and that fede | ral immigration laws |
| This Company does not tolerate unlawful discrimin- excluding an applicant from consideration for emplo disability, or any other protected status under applic religion, national origin, genetic information, citizes and all complaints will be investigated promptly and | oyment on the basis of his able federal, state, or locanship, age, disability, or a | s or her sex, race, c al law. This Compa | olor, religion, national my likewise does not to | origin, genetic informat lerate harassment based | ion, citizenship, age, on sex, race, color, |
| I understand that any information provided by me eliminate me from further consideration for emple | that is found to be falso syment, or (ii) may resu | e, incomplete or m lt in my immediat | nisrepresented in any te discharge from the o | respect, will be sufficier employer's service, wher | nt cause to (i) never it is discovere |
| DO NOT SIGN UNTIL YOU HAVE REA | a street a second to | | and the same of th | | |
| | | | | | |
| I certify that I have read, fully understand | | | | | / / |



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