
Employment Application – Short Form – Page 2

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
 If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)..... Yes No
 If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care Training	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____	Telephone No. _____
Type of Business _____	Your Supervisor's Name _____
Address & Street _____	City _____ State _____ Zip _____
Dates of Employment: _____	Weekly Pay: _____
From _____ To _____	Starting _____ Ending _____

Your Position and Duties

Reason for Leaving
May we contact this employer for a reference? Yes No

Name of Employer _____	Telephone No. _____
Type of Business _____	Your Supervisor's Name _____
Address & Street _____	City _____ State _____ Zip _____
Dates of Employment: _____	Weekly Pay: _____
From _____ To _____	Starting _____ Ending _____

Your Position and Duties

Reason for Leaving
May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____	Last Name _____	Telephone No. _____
Address & Street _____	City _____	State _____ Zip _____
Occupation _____	No. of Years Acquainted _____	

References, continued

<hr/> <p>First Name</p>	<hr/> <p>Last Name</p>	<hr/> <p>Telephone No.</p>
<hr/> <p>Address & Street</p>	<hr/> <p>City</p>	<hr/> <p>State Zip</p>
<hr/> <p>Occupation</p>	<hr/> <p>No. of Years Acquainted</p>	

<hr/> <p>First Name</p>	<hr/> <p>Last Name</p>	<hr/> <p>Telephone No.</p>
<hr/> <p>Address & Street</p>	<hr/> <p>City</p>	<hr/> <p>State Zip</p>
<hr/> <p>Occupation</p>	<hr/> <p>No. of Years Acquainted</p>	

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my
Initials chances for employment and that the answers given by me are true and correct to the best of my
 knowledge. I further certify that I, the undersigned applicant, have personally completed this
 application. I understand that any omission or misstatement of material fact on this application or on
 any document used to secure employment shall be grounds for rejection of this application or for
 immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize _____, to thoroughly investigate my
Initials references, work record, education
 and other matters related to my suitability for employment and, further, authorize the references I
 have listed to disclose to the company any and all letters, reports and other information related to my
 work records, without giving me prior notice of such disclosure. In addition, I hereby release the
 Company, my former employers and all other persons, corporations, partnerships and associations
 from any and all claims, demands or liabilities arising out of or in any way related to such
 investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may
Initials be granted or during my employment, if hired, is intended to create an employment contract between
 me and the Company. In addition, I understand and agree that if I am employed, my employment is
 for no definite or determinable period and may be terminated at any time, with or without prior
 notice, at the option of either myself or the Company and that no promises or representations
 contrary to the foregoing are binding on the Company unless made in writing and signed by me and
 the Company's designated representative.

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company. I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above

Date

Applicant's Signature