WE OFFER SEASONAL EMPLOYMENT ONLY

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative.

Position(s) applied for		Date of application		
Print full name				
Street address		City	State	ZIP
Main phone number	Alt. phone number	Email		

Employment Experience

List the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give company name and supply business references. Add an additional page if necessary.

Name of employer	Supervisor		
Street address			
Phone number	Dates employed (month/year)		
	From	То	
Job title and duties	Reason for leaving		
Name of employer	Supervisor	May we contact?	
		☐ Yes ☐ No	

Street address		
Phone number	Dates employed (month/year)	
	From	То
Job title and duties	Reason for leaving	
Name of employer	Supervisor	May we contact?
		☐ Yes ☐ No
Street address		
Phone number	Dates employed (month/year)	
	From	То
Job title and duties	Reason for leaving	
Have you ever been involuntarily terminated or	asked to resign from a	ny job? □ Yes □ No
If yes, explain.		
, yes, expans		

Education

Describe your educational background in the table provided below.

	School name	Diploma/ degree (Yes/No)	Area of study/ major	Specialized training, skills, or extracurricular activities
High school				
College/ university				
Graduate/ professional school				
Trade school				
Other				

Business and Professional References

List three professional references of individuals who are *not* related to you.

Na	ame and title	Relationship	Phone number or email		
	ersonal References t three people who know you we	ell.			
Na	ame and title	Relationship and years acquainted	Phone number or email		
Ge	eneral Information				
1.	 Have you ever worked for this company before? ☐ Yes ☐ No If yes, provide dates and position:				
2.	 Do you have friends and/or relatives working for this company? ☐ Yes ☐ No If yes, name(s) and relationship(s): 				
3.	3. On what date are you available to begin work?				
4.	4. Are you available to work this seasonal position? \square Full time \square Part time				
5.	5. If hired, do you have a reliable means of transportation to and from work? \Box Yes \Box No				
6.	6. Are you at least 18 years old? ☐ Yes ☐ No Note: If under 18, hire is subject to verification that you are of minimum legal age.				
7.	If hired, can you present evided ☐ Yes ☐ No	nce of your identity and legal	right to work in this country?		

APPLICATION FOR EMPLOYMENT \mid 6

1ay 2024

8. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? \square Yes \square No
Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.
Applicant Statement and Agreement
Read and initial each paragraph below. Ask if there is anything that you do not understand.
I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and 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.
In the event of my employment with the company, I understand that I am required to comply with all rules and regulations of the company.
If hired, I understand and agree that my employment with the company is at will and that neither I nor the company is required to continue the employment relationship for any specific term. I further understand that the company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.
I understand that the safety of employees is extremely important to the company and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to onthe-job safety and health.
I hereby certify 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 understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.

uı	understand that if any term, provision, or portion of this Agreement is declared void or nenforceable, it shall be severed, and the remainder of this Agreement shall be inforceable.
My signa terms.	ture attests to the fact that I have read, understand, and agree to all of the above
Signatur	e:
Name (p	rint):
Date:	