

Employment Application

Applicant Information

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, marital status or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR THE EMPLOYEE MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

| Full Name: | | | | | | | Date: | | | | | |
|--|--|-----------------|------------|-----------|-------------|-------------|-----------|-----------|------------|------------|----------|--|
| | Last | First | | | | | М.І. | | | | | |
| Address: | | | | | | | | | | | | |
| | Street Address | | | | | | | Apartme | ent/Unit ‡ | # | | |
| | City | | | | | | | State | | ZIP Code | <u>}</u> | |
| Phone: (|) | | | E-ma | il Addres | s: | | | | | | |
| Position App | lied for: | | | | | | | | | | | |
| Date on which | ch you can start w | ork if hired: | | | | Desirec | d Salary/ | Hourly F | late: | \$ | | |
| Type of emp | loyment desired? | Full-time | | Part- | time 🗌 | (Specify | y Hours) | | | | | |
| Are you willi | ng to work overtim | e? | YES | | | | | | | | | |
| Are you avai | ilable to work: DAY | ′S 🗌 NIGHTS | WEE | KEND | s 🗌 | | | | | | | |
| Indicate any | days or hours you | are unavailable | e to work | < | | | | | | | | |
| | form the essential tion? YES ☐ NO ☐ | | | n for wł | nich you a | are apply | /ing with | or withc | ut reas | onable | | |
| If under the | age of 18, can you | produce the ne | cessary | work | certificate | e at the ti | me of er | nployme | nt? | | YES | |
| Are you a cit | izen of the United | States? | | | lf no, ai | e you au | uthorized | l to work | in the l | U.S.? | | |
| Have you ever worked for this company? | | | | lf yes, v | vhen/whe | ere? | | | | | | |
| Do you have | e relatives or frier | ids who work fo | or this co | ompar | NY? YES [| _ NO | lf yes, w | ho and v | vhere d | lo they wo | rk? | |

When answering the following question, do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program. (CA applicants only: Do not include misdemeanor marijuana-related convictions that are more than two (2) years old or misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.

Have you ever plead guilty or no contest to, or been convicted of any criminal offense?

| NO |
|----|
| |

CRIMINAL OFFENSES ONLY: If you answered Yes, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

| Education | | | | | | | |
|---------------|--|--------------------|--|--|--|--|--|
| High School | Address: | | | | | | |
| | PES NO Did you graduate? | | | | | | |
| College: | Address: | | | | | | |
| | Did you graduate? | | | | | | |
| Other: | Address: | | | | | | |
| | Did you graduate? | | | | | | |
| | References | | | | | | |
| Please list t | nree professional references. | | | | | | |
| Name: | Relationship: | | | | | | |
| Company: | Phone: | () | | | | | |
| Address: | | | | | | | |
| Name: | Relationship: | | | | | | |
| Company: | Phone: | () | | | | | |
| Address: | | | | | | | |
| Full Name: | Relationship: | | | | | | |
| Company: | Phone: | () | | | | | |
| Address: | | | | | | | |
| | Previous Employment – Begin with your Most Recent Em | ployment | | | | | |
| Company: | Phone: | () | | | | | |
| Address: | Supervisor: | | | | | | |
| Job Title: | Starting Salary: _\$ | Ending Salary: _\$ | | | | | |

| Responsibilities: | | | | | | | | | |
|------------------------------|------------------------|----------|---------|--------|---------|-----------|--------|---------|----|
| From: | То: | | Reason | for Le | eaving: | | | | |
| May we contact your previous | supervisor for a refer | ence? | YES | | | | | | |
| Company: | | | | _ | | Phone: | (|) | |
| Address: | | | | - | Sup | pervisor: | | | |
| Job Title: | | Starting | Salary: | \$ | | | Ending | Salary: | \$ |
| Responsibilities: | | | | | | | | | |
| From: | | | | | | | | | |
| May we contact your previous | supervisor for a refer | ence? | YES | | | | | | |
| Company: | | | | _ | | Phone: | (|) | |
| Address: | | | | _ | Sup | pervisor: | | | |
| Job Title: | | Starting | Salary: | \$ | | | Ending | Salary: | \$ |
| Responsibilities: | | | | | | | | | |
| From: | То: | | Reason | for Le | eaving: | | | | |
| May we contact your previous | supervisor for a refer | | YES | | | | | | |

Application Certification

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, creed, sexual orientation, or veteran status, or any other basis made unlawful by Federal, State or Local laws.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. I understand that an offer of employment is conditional and may be rescinded if I test positive for drugs and/or alcohol. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is

and will be complete, true and accurate. I understand that any falsification, misrepresentation, or omission of any information will be the cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature:

Date:

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

| Parent/Legal Guardian Signature: | Date: | |
|----------------------------------|-------|--|
| Witness Signature: | Date: | |