## Please Print Clearly

## APPLICATION FOR EMPLOYMENT

## Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

The Educational Foundation is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Position Applied For	
Name	Telephone Number ()
Present Address (Street, Apt. or Unit No	e-mail
City / State / Zip	Desired Salary
If under the age of 18, can you produce the necessary wor	k certificate at the time of employment? Yes $\square$ No $\square$
Type of employment desired? Full-time $\hfill\Box$	Part-time □ (Specify Hours)
Are you willing to work overtime? Yes $\square$ No $\square$	Date on which you can start
Are you able to perform the essential functions of the job for Yes $\square$ No $\square$	which you are applying, with or without a reasonable accommodation?
Have you ever applied to this Company before? Yes $\hfill\square$ No	
If Yes, when did you apply?	Where did you apply?
	f a felony? (Do not include convictions that were sealed, eradicated, to a diversion program; or marijuana-related convictions that are
If Yes, please explain.	
consider the nature of the crime, its seriousness, functions and qualifications, the frequency of conelapsed since the date of conviction or completion history, and employment references and recommen	on written request, receive a statement of the reason(s) for denial
Have you ever initiated an act of violence in the workplace	e? Yes No
If Yes, please explain so that individual circumstances can from employment.)	be considered. (A Yes answer will not necessarily disqualify you

List special technical skills that you feel qualify you for the job for which you are applying (i.e., computer programming/language, software, equipment operation, special tools or machines, etc.):

Education	School Name and Location	Course of Study	Graduate?	# of Years Completed	Degree/Major	
High School				-		
College						
Bus/Tech/Trade or Post College						
Honors Received						
WORK EXPERIENCE Start with your present or las internships, or military service		ou may include a	ny verifiable wo	ork performed on a v	olunteer basis,	
Employer						
Name	Addı			Type of Business		
Phone ()	E-mail		Dates Em	ployed From//	To//	
Job Title	Sup	ervisor's Name <sub>-</sub>				
May we contact? YesNo _						
Wages Start Fin	al Reason for l	Leaving				
Duties						
Employer						
Name	Address			Type of Business		
Phone ()	E-mail		Dates Em	ployed From <u>/</u> /_/	To/	
Job Title	Sup	ervisor's Name <u>.</u>				
May we contact? YesNo _						
Wages Start Fin	al Reason for	Leaving				
Duties						
Employer						
Name	Address			Type of Business		
Phone ()	E-mail		Dates Em	ployed From//	To//	

May we contact? YesNo			
Wages Start Final	Reason for Leaving		
Duties			
PROFESSIONAL LICENSES OR			
Type of License(s)Held			
State License Number		License Expiration Date	
Other Professional Memberships			
REFERENCES			

Please list the names of additional work-related references we may call. Individuals with no prior work experience may list school or volunteer related references.

Name	Position	Company	Work Relationship (ie. Supervisor, co-worker)	Telephone Number

## APPLICANT 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 and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

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. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. 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 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 a confidentiality, non-compete, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in

disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY THE COMPANY, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS THE COMPANY IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH THE COMPANY AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY AND ME. 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 representative 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. I also understand this Company employs only individuals who are legally eligible to work in the United States.

Applicant Signature	Date
If the applicant is a minor, the foregoing release	nd consent must be signed by the applicant's parent or legal guardian.
Signature by the applicant's parent or legal guardian that the Company, to the extent permit	ian constitutes acknowledgement by the applicant and the parent or legal ed by federal, state, and local law, can test the applicant for controlled out notice, and communicate screen results to Company personnel who need
Parent/Legal Guardian	Witness
Date_	Date