## EMPLOYEE APPLICATION FORM

ALL PERSONS SHALL HAVE THE OPPORTUNITY TO BE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO THEIR RACE, COLOR, RELIGION, NATIONAL ORIGIN OR ANCESTRY, AGE, PAST OR PRESENT DISABILITY, SEX, OR ANY OTHER CHARACTERISTIC PROTECTED BY THE APPLICABLE STATE AND FEDERAL LAWS.

	DATE			
INFORMATION				
<u> </u>	SO	CIAL SECURIT	Y NO	
FOR WHICH YOU	J ARE AP	PLYING?		
U ARE AVAILABLE T	O WORK &	TIMES MON_	TUI	
CCUPATION		ADDRESS		PHONE
<u>LOYERS</u>				
OUR WORK EXPERIE ENT.	ENCE, STAI	RTING WITH YOUI	R PRESENT O	R LAST PLACE
	PART TIME U ARE AVAILABLE TO THURS  CCUPATION  LOYERS FOUR WORK EXPERIENT.  NAME & ADDRESS	ESO  FOR WHICH YOU ARE AP  PART TIME SALAR  U ARE AVAILABLE TO WORK &  THURS FRI  CCUPATION  COYERS  YOUR WORK EXPERIENCE, STAFFENT.  NAME & ADDRESS	ESOCIAL SECURITE FOR WHICH YOU ARE APPLYING?  PART TIME SALARY REQUEST U ARE AVAILABLE TO WORK & TIMES MON_ THURS FRI SAT  CCUPATION ADDRESS  COUR WORK EXPERIENCE, STARTING WITH YOUR ENT.  NAME & ADDRESS NAME OF	SOCIAL SECURITY NO  FOR WHICH YOU ARE APPLYING?  PART TIME SALARY REQUEST U ARE AVAILABLE TO WORK & TIMES MON TUIL THURS FRI SAT SUN  CCUPATION ADDRESS  COUR WORK EXPERIENCE, STARTING WITH YOUR PRESENT OF ENT.  NAME & ADDRESS NAME OF POSITION,

FROM						
FROM TO						
FROM TO						
EDUCATION						
HIGHEST GRADE COMPLETED 12345678 GRADE SCH.	9 10 11 12 HIGH SCH.	1234 COLLEGE				
NAME OF LAST SCHOOL ATTENDED						
VOCATIONAL OR TRADE SCHOOL						
COURSE OF STUDY						
STATE ANY OTHER JOB RELATED EDUCATION MAY HAVE RECEIVED THROUGH VOLUNTEER						
STATEMENT						

I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS ASKED IN THIS APPLICATION. I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE AND UNDERSTAND THAT THE OMISSION AND/OR MISREPRESENTATION OF ANY FACT FROM THIS APPLICATION OR DURING ANY INTERVIEW WILL BE CAUSE FOR IMMEDIATE DISMISSAL. I HEREBY AUTHORIZE THE COMPANY TO OBTAIN REFERENCE INFORMATION ABOUT ME AND RELEASE ALL PERSONS FROM LIABILITY FOR DOING SO.

IF HIRED, I AGREE TO ABIDE BY ALL OF THE COMPANY RULES AND REGULATIONS AND UNDERSTAND THAT, IF EMPLOYED; MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR ME. I FURTHER UNDERSTAND THAT NO REPRESENTATION, WHETHER ORAL OR WRITTEN, BY ANY REPRESENTATIVE OR AGENT OF THE COMPANY, AT ANY TIME. CAN CONSTITUTE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT THE COMPANY AND ALL PLAN ADMINISTRATORS SHALL HAVE THE MAXIMUM DISCRETION PERMITTED BY LAW TO ADMINISTER, INTERPRET, MODIFY, DISCONTINUE, ENHANCE, OR OTHERWISE CHANGE ALL POLICIES, PROCEDURES, BENEFITS OR OTHER TERMS OR CONDITIONS OF EMPLOYMENT. NO REPRESENTATIVE OR AGENT OF THE COMPANY HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY CHANGE IN ANY POLICY, PROCEDURE, BENEFIT OR OTHER TERM OR CONDITION OF EMPLOYMENT OTHER THAN IN A DOCUMENT SIGNED BY MICHAEL MOSCATIELLO, PRESIDENT, AND ME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE	SIGNATURE OF APPLICANT_	