

## Employment Application

This Application for Employment will remain **valid for 30 days** from the date received. It will be reviewed for any open position available during this time frame. After 30 days have passed, a new application must be submitted for consideration for all open positions.

Applicant Information		
Today's Date:		
First Name:	Middle Name:	Last Name:
Other Names Used (Alias, Maiden):		Years Used:
Street Address (line 1):		Address (line 2):
City:	State:	Zip Code:
County:	Email:	
Home Phone #:	Cell Phone #:	

**Employment Application:** Complete all sections which pertain to you, sign and date. A resume may be required but is not a substitute for completing this Application for Employment ("Application"). The Application allows the Company to determine your qualifications and experience and contains an Applicant Statement and Agreement. By signing the Application, you authorize the Company to verify the information contained in the Application. Falsification of information on the Application or failure to provide accurate information may result in disqualification from employment or termination of employment if discovered after hire.

**Employment Interviews:** Several personal and/or telephone interviews may be conducted with you in order to obtain more detailed information regarding your background and qualifications. The Company complies with the Americans with Disabilities Act Amendments Act of 2008 (ADAAA). During the interview process you may be asked questions concerning your ability to perform job-related functions.

**Employment Eligibility Verification (Form I-9):** This form is required by the U.S. Citizenship and Immigration Services (USCIS). If you are hired, this form will be used to verify your identity and right to work in the United States.

**Reference Checks:** Former employers and educational references are verified prior to an offer of employment.

**Records Check:** There may be verification and information checks with the Social Security Administration, criminal courts, federal, state, and county repositories of criminal records, Department of Motor Vehicles and credit bureaus.

*\*Note: Answering "Yes" to questions regarding prior misdemeanor and felony convictions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.*

**Equal Opportunity Employer/Drug-Free Workplace:** The Company is an Equal Employment Opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, pregnancy, religion, national origin, ancestry, medical condition, marital status, citizenship status, disability or uniformed service member status. The Company has a Drug-Free Workplace Policy in effect that is strictly adhered to.

**Please answer all questions. Resumes are not accepted in place of this Application. Please print.**  
*Note: Some questions may not be applicable to the position you are seeking. If so, please indicate "Not Applicable."*

Position Applying for:		Date Availability:			
Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If no, state your age:</i>		
Employment Status:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal	<input type="checkbox"/> On Call
Are you willing to work overtime as necessary?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	

<b>Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

<b>Have you ever been convicted of a crime other than a minor traffic violation in the last 7 years?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

If **Yes**, give dates and explain below. **\*Note:** Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account. Dates and explanation:

<b>Have you previously been employed by the Company?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

If **Yes**, state dates of employment, location and position(s):

<b>Have you been terminated or asked to resign from a position?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Explain any employment gaps:

<b>May we contact your current employer?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

If **No**, please provide reason:

**How did you hear about us?** (Specify the name of the source, agency, employee referral, etc.)

**Work Experience:** list your work experiences below, starting with the most recent/current one.

<b>Employer:</b>	<b>Position Title:</b>	
<b>Employer Address:</b>	<b>City/State:</b>	<b>Zip Code:</b>
<b>Start Date:</b>	<b>End Date:</b>	

<input type="checkbox"/> <b>Hourly</b>	<input type="checkbox"/> <b>Salaried</b>	<input type="checkbox"/> <b>Starting:</b>	<input type="checkbox"/> <b>Ending:</b>
--	--	---	---

<b>Supervisor's Name:</b>	<b>Supervisor's Title:</b>	<b>Supervisor's Phone:</b>
---------------------------	----------------------------	----------------------------

The Supervisor may be contacted.

<b>Responsibilities:</b>	<b>Reason for leaving or seeking other employment:</b>

<b>Employer:</b>	<b>Position Title:</b>	
<b>Employer Address:</b>	<b>City/State:</b>	<b>Zip Code:</b>
<b>Start Date:</b>	<b>End Date:</b>	

<input type="checkbox"/> <b>Hourly</b>	<input type="checkbox"/> <b>Salaried</b>	<input type="checkbox"/> <b>Starting:</b>	<input type="checkbox"/> <b>Ending:</b>
--	--	---	---

<b>Supervisor's Name:</b>	<b>Supervisor's Title:</b>	<b>Supervisor's Phone:</b>
---------------------------	----------------------------	----------------------------

The Supervisor may be contacted.

<b>Responsibilities:</b>	<b>Reason for leaving or seeking other employment:</b>

<b>Employer:</b>	<b>Position Title:</b>	
<b>Employer Address:</b>	<b>City/State:</b>	<b>Zip Code:</b>
<b>Start Date:</b>	<b>End Date:</b>	

<input type="checkbox"/> <b>Hourly</b>	<input type="checkbox"/> <b>Salaried</b>	<input type="checkbox"/> <b>Starting:</b>	<input type="checkbox"/> <b>Ending:</b>
--	--	---	---

<b>Supervisor's Name:</b>	<b>Supervisor's Title:</b>	<b>Supervisor's Phone:</b>
---------------------------	----------------------------	----------------------------

The Supervisor may be contacted.

<b>Responsibilities:</b>	<b>Reason for leaving or seeking other employment:</b>

<b>Education: list your educational experiences below, starting with the most relevant education (last school first).</b>			
<b>Institution (School)</b>	<b>Major Study</b>	<b>Did you graduate?</b>	<b>Education Level</b>

<b>Special Skills and Qualifications: list special job related skills or qualifications, including licenses and certificates (provide registration number(s), state and expiration date(s) acquired, which relate to the position you are applying for.</b>		
Skill/Qualification:		
License/Certificate #:	State:	Expiration Date:
Skill/Qualification:		
License/Certificate #:	State:	Expiration Date:
Skill/Qualification:		
License/Certificate #:	State:	Expiration Date:

<b>Employment References: provide three (3) professional references who are not related to you and are previous employers.</b>				
<b>Contact Name</b>	<b>Relationship</b>	<b>Company Name</b>	<b>Phone</b>	<b>Address</b>

## Application for Employment

### Applicant Statement and Agreement

---

#### **Employment Verification**

I understand that I have a right to receive a copy of this authorization on request and that a photographic, scanned, faxed, or emailed copy of this authorization shall be as valid as the original. I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements in this application and give the Company permission to contact schools, previous employers, references and others and release the Company from any liability as a result of such contact. I understand that any false information, omission or misrepresentation of information requested or provided in connection with this application may remove me from further consideration for employment. I also understand that false information, omissions or misrepresentations at any time may be cause for termination of employment.

#### **At Will Employment**

If accepted for employment, the Company will make every effort to provide steady continuous work, although the Company has no employment contracts and cannot guarantee the permanence of any position. Job tenure can be affected by many factors (business, economic conditions, changes in laws or Company policies, conformity to work rules, job performance, etc.) in addition, employees may elect on their own accord to seek jobs in other fields or with other employers.

I understand that my employment with the Company is for no specific term and may be terminated by me or the Company with or without notice or cause at any time. I further understand that no oral promise, Company policy, custom, business practice or other procedure (including Company handbook or personnel manuals) constitutes an employment contract or modification of the at will employment relationship between me and the Company.

The contents of any employment handbook or personnel manuals, as well as other Company policies and practices are subject to change or modification by the Company, solely at its discretion, without notice. I also understand that no supervisor or other official of the Company (except its Chief Financial Officer in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

#### **Consent to Pre-Employment Drug Testing (Not applicable to Vermont Employment Applicants)**

I acknowledge that, together with my Application, the Company has provided me with a copy of its written Pre-Employment Drug Testing Policy Statement. I understand that, by signing the Application below, I consent to the Company's right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I further understand that a Drug-Free Workplace program is in effect and that a positive result for the drugs tested may be grounds for termination from employment. I understand that any offer of employment may be contingent upon satisfactory drug testing. I understand that should I decline to sign this consent, the Pre-Employment Drug Testing Policy Statement, or take any of the required drug tests, my Application may be rejected.

***I certify that all information contained in this Application for Employment is true and accurate to the best of my knowledge and belief; and I have read, understand, and agree to be legally bound to all of the terms in the Applicant Statement and Agreement.***

---

Print Name

---

Signature

---

Date