



Application for Employment

Mt. Plymouth

All applicants for employment are required to complete and submit this Employment Application

Please Print

Applicant Information

LEGAL NAME as shown on your Social Security Card			SOCIAL SECURITY NUMBER	
Last	First	Middle		
HAVE YOU EVER WORKED UNDER ANOTHER NAME?		IF YES, UNDER WHAT NAME(S):		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Street	City	County	State	Zip Code
HOME PHONE () -	BUSINESS OR OTHER PHONE () -		E-MAIL ADDRESS	

Position Applying For

JOB TITLE/TYPE OF WORK	DESIRED SALARY \$	AVAILABLE START DATE				
ARE THERE ANY LIMITATIONS ON THE HOURS, DAYS OR TIME YOU ARE AVAILABLE TO WORK? (If so, explain) YOUR AVAILABILITY?	WILL YOU BE ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS FOR THE POSITION YOU ARE APPLYING FOR WITH OR WITHOUT REASONABLE ACCOMMODATION?					
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Full time <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="border: none;">Part time <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="border: none;">Over time <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="border: none;">Temporary <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Full time <input type="checkbox"/> Yes <input type="checkbox"/> No	Part time <input type="checkbox"/> Yes <input type="checkbox"/> No	Over time <input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, describe the function(s) that cannot be performed:	
Full time <input type="checkbox"/> Yes <input type="checkbox"/> No	Part time <input type="checkbox"/> Yes <input type="checkbox"/> No	Over time <input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF EMPLOYED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S?	HAVE YOU WORKED FOR OR APPLIED FOR A POSITION AT THIS COMPANY BEFORE?	DO YOU HAVE ANY RELATIVES WORKING HERE?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, what position(s)? <input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, who: <input type="checkbox"/> No				
HOW DID YOU LEARN ABOUT THIS OPENING?	ARE YOU OVER EIGHTEEN YEARS OF AGE?	IF UNDER 18, DO YOU HAVE A WORK PERMIT?				
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN CONVICTED OF A CRIME? (Exclude convictions for marijuana-related offenses for personal use more than two years old; convictions that have been sealed, expunged or legally eradicated, and misdemeanor convictions for which probation was completed and the case was dismissed.) If yes, please describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. The Company will not deny employment to any applicant solely because the person has been convicted of a crime. The Company, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.						
<input type="checkbox"/> Yes <input type="checkbox"/> No						

Education Begin with most recent college/university/technical school

NAME OF EDUCATIONAL INSTITUTION/LOCATION	MAJOR	NO. OF YEARS	GRADUATE Yes/No	DIPLOMA/DEGREE Yes/No

ANY PROFESSIONAL DESIGNATIONS OR OTHER TRAINING/EDUCATION RELATED TO THE JOB YOU ARE APPLYING FOR:

BE SURE TO COMPLETE PAGE 2

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COMPLETE ALL JOB HISTORY REGARDLESS OF RESUME ATTACHMENT

May we contact your current employer? Yes No

Employment History list current/most recent position first

NAME OF EMPLOYER	ADDRESS/LOCATION From	DATES EMPLOYED To
TYPE OF BUSINESS	POSITION/TITLE Starting	SALARY Final
MANAGER'S NAME	MANAGER'S TITLE	PHONE () -
REASON FOR LEAVING:		
NAME OF EMPLOYER	ADDRESS/LOCATION From	DATES EMPLOYED To
TYPE OF BUSINESS	POSITION/TITLE Starting	SALARY Final
MANAGER'S NAME	MANAGER'S TITLE	PHONE () -
REASON FOR LEAVING:		
NAME OF EMPLOYER	ADDRESS/LOCATION From	DATES EMPLOYED To
TYPE OF BUSINESS	POSITION/TITLE Starting	SALARY Final
MANAGER'S NAME	MANAGER'S TITLE	PHONE () -
REASON FOR LEAVING:		

APPLICANT'S CERTIFICATION AND RELEASE

I certify that the facts given in my resume' and/or Application for Employment are true and correct. I understand that if employed, any false or misleading statements, omissions, or failure to fully answer any requested item on this application or on any document used to secure employment shall be grounds for rejection of this application or for my termination from employment, if I am employed, regardless of when such information is discovered. I authorize the Company to secure background information on my work record, education, and other matters related to my suitability for employment. I authorize my references and background sources to disclose information about me to the Company, without giving me prior notice of such disclosure. I hereby release the Company, my former employers, and all other sources from any and all claims, demands, or liabilities arising out of or in any way related to securing such information or disclosures.

I understand that nothing contained in the application, or information conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the Company and me. I understand that any employment with this Company is "at will," which means that either I or the Company can terminate the employment relationship at anytime with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the Company has any authority to alter the foregoing unless a specific term of employment is in writing and signed by the Company President.

APPLICANT SIGNATURE	DATE
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