Schillinging Employment Application

IPlease carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You mayattach a résumé as well but all questions must be answered.

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, sexual orientation, disability or other protected classifications.

Location		Position applying for							
PERSONAL DATA									
Name (last, first, middle)									
Street Address and/or Mailing Address				City				State	Zip
Home Phone Number		Business Phone Numl	ber	er Cell Numbe		ier			
Date you can start work		Salary Desired			Do you have a High School Diploma or GED? Yes 🔲 No 🔲				
POSITION INFORMATI	ION Check all that yo	ou are willing to work				_			
110013.	Days Eveni Week								
Are you authorized to work in	n the U.S. on an unrestricte	ed basis? Yes		No					
Have you ever been convicte employment.) If yes, explain:		ons will not necessarily	/ disqu	alify an appl	icant for		Yes 🗌]	No 🗌
Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job or have you been viewed a copy of the job description listing the essential functions. No									
QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work.									
	School N	School Name				Address/City/State			
School									
School									
Other									
SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.									
REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.									
Name Address/		Address/C	City/St	ate			Ph	one	Relationship
<u> </u>									



WORK HISTORY Start with your present or most recent employ	yment and work back. Use separate sheet if nec	essary. (INCLUDE PAID AND UNPAID POSITIONS)	
Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)	
Company Name	Supervisor's Name	Phone Number	
City	State	Zip	
Duties:			
Reason for Leaving			
May we contact your present employer?	Yes 🗌 No 🗌 N/A 🗌		
Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)	
Company Name	Supervisor's Name	Phone Number	
City	State	Zip	
Duties:	-		

Reason for Leaving			
Job Title #3	Start Date (mo/day/yr)		End Date (mo/day/yr)
Company Name	Supervisor's Name		Phone Number
City	State		Zip
Duties:			
Reason for Leaving			

Job Title #4	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving		

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.