



APPLICATION FOR EMPLOYMENT
AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
Please type or print, and answer all questions.

PERSONAL INFORMATION

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone Number: Day: _____ Night: _____

Email Address: _____

Are you 18 years or older: Yes _____ No _____ If No, employment is subject to verification of age.

Are you legally eligible for employment in the United States? Yes _____ No _____

Where did you hear about us? Sign Outside Bell Employee Online Other _____

EMPLOYMENT INFORMATION

Position: _____

Have you ever worked for us before? _____ When? _____

AVAILABILITY FOR WORK - Production Position Only

Circle the shifts that you are available to work:

1st	7am - 3pm	Monday - Friday	Sunday - Thursday	Tuesday-Saturday
2nd	3pm - 11pm	Monday - Friday	Sunday - Thursday	Tuesday-Saturday
3rd	11pm - 7am	Sunday - Thursday	Monday - Friday	Saturday-Wednesday

EDUCATION AND TRAINING Received High School Diploma or GED. Yes No

(This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration.)

Describe any aother training you consider relevant to the position for which you are applying: _____

Your application will not be processed unless you have read and signed the Authorization, Release and Certification on page 2.

WORK EXPERIENCE/FORMER EMPLOYERS

Provide complete information. Be specific. Start with your current or most recent job. ("See Resume" is not adequate. Must complete application in its entirety.) Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary.

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Company Name: _____	From: _____	To: _____
Position: _____		
Supervisor's Name: _____	Phone: _____	Email: _____
Peer Reference Name: _____	Phone: _____	Email: _____

Company Name: _____	From: _____	To: _____
Position: _____		
Supervisor's Name: _____	Phone: _____	Email: _____
Peer Reference Name: _____	Phone: _____	Email: _____

Company Name: _____	From: _____	To: _____
Position: _____		
Supervisor's Name: _____	Phone: _____	Email: _____
Peer Reference Name: _____	Phone: _____	Email: _____

AUTHORIZATION, RELEASE, AND CERTIFICATION

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand this application will be considered inactive after six months.

I certify I have read (or have had read to me) and understand this authorization, release, and certification.

Dated: _____

Applicant's Signature: _____

