



A Family Tradition Since 1920

EMPLOYMENT APPLICATION

Ebels Family Center is an equal opportunity employer and fully subscribes to the principles of equal employment. All applicants and employees are considered for hire and promotion without regard to race, color, religion, gender, national origin, age, handicap or status as a veteran.

Directions: Complete all questions. Print or type responses. If unable to complete a response in the space provided, write on backside of Certification page or attach additional pages. Return completed application to store office.

1. Name (Last, First, Middle)
2. Street Address
3. Apartment or Lot number
4. City
5. State
6. Zip
7. Primary Phone No.
8. E-mail address
9. Position sought: (Please specify-do NOT write "ANY")
10. Number of hours per week desired:
11. Have you ever been employed by this company?
12. Salary desired: \$ per hour or \$ per month
13. When would be the earliest date that you would be available to start work?
14. Emergency contact: Who should be contacted if you are involved in an emergency?
15. Military experience:
16. Applicant's education and training:

17. EXPERIENCE:

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the backside of signature page or on a separate page and attach it to this application. Attach resume if available.

Employer Name: _____ Supervisor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No: _____ Job Title: _____ Job Duties: _____

Reason for leaving: _____ Employed from (mo/yr) _____ to _____

Can you provide written evidence of satisfactory employment with this employer? _____ Yes _____ No

Employer Name: _____ Supervisor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No: _____ Job Title: _____ Job Duties: _____

Reason for leaving: _____ Employed from (mo/yr) _____ to _____

Can you provide written evidence of satisfactory employment with this employer? _____ Yes _____ No

Employer Name: _____ Supervisor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No: _____ Job Title: _____ Job Duties: _____

Reason for leaving: _____ Employed from (mo/yr) _____ to _____

Can you provide written evidence of satisfactory employment with this employer? _____ Yes _____ No

18. Explain all gaps in your employment that were 3 months or greater:

From: Month _____ Yr _____

From: Month _____ Yr _____

From: Month _____ Yr _____

19. List special qualifications and skills that you have that make you qualified for this position:

20. Respond to the following questions:

a. Are you eligible to work in the U.S.? _____ Yes _____ No

b. Have you ever been convicted of a felony?* _____ Yes _____ No

c. Have you ever been convicted of a drug-related crime?* _____ Yes _____ No

d. Do you have a valid driver's license? _____ Yes _____ No State _____

• Has your driver's license ever been revoked or suspended? _____ Yes _____ No

• If yes, for what reason? _____

• List any moving violations during last three (3) years: _____

e. Are you at least 18 years old? _____ Yes _____ No If under 18, work permit # _____

f. Have you applied for employment with this company before? _____ Yes _____ No

g. Are you bound by any agreement with any current employer? _____ Yes _____ No

If yes, please explain _____

h. Will you retain other employment or self-employment, if hired by us? _____ Yes _____ No

If yes, please explain _____

i. Do you know, or are you related, to any current associate? _____ Yes _____ No Who? _____

j. How did you learn of this vacancy? _____

*Conviction will not necessarily disqualify the applicant from employment.

21. References: List two non-relatives who would be willing to provide a reference for you (attach reference letters if available).

Name: _____ **Relationship** _____

Address: _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Email address** _____

Name: _____ **Relationship** _____

Address: _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Email address** _____

Certification:

I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact either on this Application or during the pre-hire process will be reason for (1) my not being offered employment or (2) dismissal at any time from the service of the Company if employed. All information supplied by applicant is subject to review and verification by the company.

I understand and agree that my employment and compensation are for no definite period, and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Company, with or without cause, and without any previous notice. I also understand and agree that the Company has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not limited by law. I acknowledge that no Company employee or representative, other than its President, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and signed by the President of the Company. I understand that any prior representations, promises, contracts or statements made by or on behalf of the Company are expressly superseded by the foregoing.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. If hired by Ebels Family Center, I agree to provide appropriate documentation within three (3) working days of employment.

I understand that the Company has a Prohibited Substances policy, and that use of alcohol, illegal drugs, prescription drugs and controlled substances that may impair judgment, including medically prescribed marijuana, are all prohibited at work. Offers of employment are conditional upon results of post-offer screening. Once hired, substance screening is given post-injury, random, and when there is reasonable suspicion. Positive screen results may result in discharge.

I authorize and hold harmless my references and prior employers to fully disclose information about employment while employed with them, including performance reviews and ratings, pay rates, attendance record, job duties, safety record, and eligibility for rehire.

I certify that all information provided by me on this application is true, complete and correct to the best of my knowledge and belief.

Applicant Signature

Date

**This application for employment is good for 60 days only.
Consideration for employment after 60 days requires a new application.**