



### APPLIC™

Please complete the following information and click on the "Save & Continue" button at the bottom of the screen.

PLEASE USE THE **TAB** KEY TO MOVE BETWEEN THE BOXES BELOW.

Thank you!

*Please enter the following information.*

First Name	<input type="text"/>	MI	<input type="text"/>
Last Name	<input type="text"/>		
SSN (optional)	<input type="text"/>	-	<input type="text"/>
Cell Phone ( )	<input type="text"/>	-	<input type="text"/>
Home Phone ( )	<input type="text"/>	-	<input type="text"/>
Email	<input type="text"/>		
Confirm Email	<input type="text"/>		
Street	<input type="text"/>		
City	<input type="text"/>		
State	--	▼	<input type="text"/>
Zip	<input type="text"/>		

Save & Continue

### APPLIC™ Employment Desired

Date available to start:

If hired, can you verify that you are authorized to work in the United States?

YES  NO

Are you 18 years of age or older?

Yes  No

Enter Job Position(s) you are applying for:

How many years of experience in this job position do you have?

- Less than 1 year
- 1 to 3 years
- 3 to 5 years
- More than 5 years

How many years of other work experience do you have?

- Less than 1 year
- 1 to 3 years
- 3 to 5 years
- More than 5 years

What shift(s) are you available to work?

*(Check all that apply.)*

- Day
- Afternoon
- Midnight

What days are you available to work?

*(Check all that apply.)*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

What days are you available to work?

*(Check all that apply.)*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Enter Current/Previous Employers:

(max length - 2000 char)

Do you have references available upon request?

Yes

No

Save & Continue

Finish Later

**APPLIC™**  
**Education History**

Did you graduate from High School or do you have a G.E.D.?

- Yes
- No. Completed through grade:

Did you graduate or attend college or professional school?

- Did not attend college/professional school.
- Attended. # of years completed:
- Graduated. Degree or Certifications:

Save & Continue

Review Previous Section

Finish Later

**APPLIC™**  
**AUTHORIZATION**

**AUTHORIZATION – PLEASE READ CAREFULLY:**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

**I AGREE:**

- YES. Type your initials here:
- NO

Save & Continue

Review Previous Section

Finish Later

**APPLIC™**

Please click on the "FINISH & SUBMIT\*\*\*" button to save your answers.

THANK YOU!

**\*\*\*You may be presented with another questionnaire or dropped at a website. Please complete any additional questionnaire(s).**

FINISH & SUBMIT