



Addendum to ESG Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED

PLEASE COMPLETE PAGES 1-4	DATE _____
Name _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle Maiden </small>	
Social Security No. _____ - _____ - _____	
E-Mail _____	
If under 18, please list age _____	Referred by _____
Position applied for (1) _____ and salary desired (2) _____ (Be specific)	Shift available to work 1 st _____ 2 nd _____ 3 rd _____
How many hours can you work weekly? _____ Can you work nights? _____	
Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME	
When available for work? _____	
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? ___ No ___ Yes If so, please explain _____	
Do you anticipate any absences from work on a regular basis? ___ No ___ Yes If so, please explain _____	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ No ___ Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. _____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes ___ No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

Have you had any accidents during the past three years? ___ Yes ___ No

If so, how many? _____

Have you had any moving violations during the past three years? ___ Yes ___ No

If so, how many? _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ Telephone (____) _____

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? Yes No

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From	Start
	To	Final
Your last job title _____		
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From	Start
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