

Personal Information

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Last Name		First Name		
Address		City	State	Zip
Alternate Address		City	State	Zip
Date of Birth Social Security #		Phone	Email	
Employment Desired			1	
Position	Date You Can Start		Salary Desired	
Are you Employed Now?	If so, may we	contact your current employer?	our current employer? Are you legally authorized to work in the US?	
Yes No No	Yes [☐ No ☐ Yes ☐ No ☐		
How did you find out about this position?	-		1	
Education History		T	Lau	
High School		Years Attended	Did you Gra	nduate?
College		Years Attended	Did you Gra	duate?
Trade, Business, or Correspondence School		Years Attended	Did you Gra	
General Information		1	1.65	
Special Training, Certifications, or Licenses				
Special Skills, Foreign Languages, etc.				
Areas of additional Specialty or Expertise				
Emergency Contact Information				
Name		Relationship	Phone	
Name		Relationship Phone		

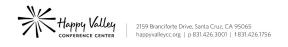


Former Employer Name of Present or Last Employer Address City Zip Starting Date Job Title Leaving Date Final Salary May we contact your former Supervisor? Supervisor Name Phone No Reason for Leaving Name of Present or Last Employer Address State Zip City Starting Date Leaving Date Final Salary Job Title May we contact your former Supervisor? Supervisor Name Phone Yes No Reason for Leaving Name of Present or Last Employer Address State Zip City Starting Date Leaving Date Final Salary Job Title May we contact your former Supervisor? Phone Supervisor Name No Reason for Leaving References Name Relationship Phone Name Relationship Phone Name Relationship Phone



Special Purpose Questions

Were you ever seriously injured?	Details			
Yes No Date of injury:				
Have you been vaccinated against the SARS-CoV-2 (CC	OVID19) virus?			
Yes No No				
Can you provide proof of such vaccination?				
Yes No No				
Have you had contact with anyone who has tested positive for SARS-CoV-2 (COVID19) within the past 90 days?				
Yes No No				
Have you tested positive for the SAR-CoV-2 virus within the previous 90 days?				
Yes No No				
Do you presently have any of the following symptoms: cough, shortness of breath, fever of more than 100.4,				
persistent fatigue or muscle aches, or new loss of taste or smell?				
Yes No No				
Are you able to perform each of the following job functions without an accommodation?				
If not, what accommodation would you require?				
Job Function #1 Gross Motor Functions	Accommodation required			
Job Function #2 Fine Motor Functions	Accommodation required			
Job Function #3 Lift up to 50 lbs. unassisted	Accommodation required			
Job Function #4 Wear and/or use assigned PPE	Accommodation required			



Authorization

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 may be grounds for dismissal.

I authorize investigation of all statements contained herein, and authorize 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 the 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.

Signature	 Date