

# **APPLICATION FOR EMPLOYMENT**

## Birth Date

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, gender identity or any other legally protected status.

Position Applied for:	Date of Application:

Last Name	First Name	Mic	ldle Name		
Address Number Street	City	7	State	Zip Code	
Telephone Number(s)			Email Address	S	
If hired, can you provide proof that you are legally entitled to work in the United States?				□ YES □ NO	

If you are under 18 years of age proof of your eligibility to work			🗆 YES 🗖 NO
Have you ever filed an applicat If yes, give date			🗆 YES 🗖 NO
Have you ever been employed v If yes, give dates			□ YES □ NO
Are you currently employed?			□ YES □ NO
On what date would you be ava	ilable for work?		
Are you available to work:	□ Full time □ Part Time	□ Temporary	

# Education

	Name and Address Of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Indicate any languages other than English that you can speak, read and/or write				
	Fluent	Good	Fair	
SPEAK				
READ				
WRITE				

# **Business References (NOT PERSONAL)**

1	(Name)	( ) Phone #
	(Name)	r none #
	(Address)	
2		( )
	(Name)	Phone #
	(Address)	
3		( )
	(Name)	Phone #
	(Address)	

# **Employment Experience**

Start with your present or last job. Include any job-related military service assignments. Please provide written explanation(s) for any gap(s) of 60 days or more.

Please note that a resume will not be accepted in lieu of completing this Employment Record section.

Employer	er Dates Employed		Work Performed	
	From	То		
Address				
Telephone Number (s)	Hourly Rate / Salary			
	Starting	Final		
Job Title Supervisor				
Reason for Leaving				
Employer	Dates E	mployed	Work Performed	
	From	То		
Address				
Telephone Number (s)	Hourly Rate / Salary			
	Starting	Final		
Job Title Supervisor				
Reason for Leaving				
Employer	Dates E	mployed	Work Performed	
	From	То		
Address				
Telephone Number (s)	Hourly Rate / Salary			
	Starting	Final		
Job Title Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

May we contact your present employer?	□ Yes	□ No
May we contact your previous employer for a reference?	□ Yes	□ No

### PLEASE READ CAREFULLY BEFORE SIGNING

#### Acknowledgment Of At-Will Employment

I understand that if I am hired, my employment relationship with Barth's will be "at-will." This means that I have the right to resign at any time and for any reason I deem appropriate. Likewise, Barth's may terminate the employment relationship, or change the nature of the job or job responsibilities, wages, benefits or working conditions, at any time with or without cause, and for any reason it deems appropriate, unless I am a party to or covered by an agreement or law that provides otherwise. I understand that no oral or other agreement limiting atwill employment is valid unless it is in writing and signed by Jim Barth.

#### Authorization for Release of Employment And Educational Information

- I authorize and request any and/or all previous employers to release to Barth's any information regarding my previous employment, including but not limited to my performance, attendance, reason for separation or any information requested relative to employment. Medical records will not be requested and are NOT to be produced in response to this request.
- I authorize and request any and/or all educational institutions to release to Barth's any information regarding my enrollment, including but not limited to, transcripts, degrees conferred, dates of attendance or any information requested relative to education. Medical records will not be requested and are NOT to be produced in response to this request.
- I AUTHORIZE, WITHOUT RESERVATION, ANY PERSONS, AGENCY OR OTHER ENTITY CONTACTED BY BARTH'S OR THEIR AGENTS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

### I-9 and Employment Documentation

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and federal immigration laws require me to complete an I-9 Form in this regard.

### **Truth And Completeness Of Application**

I certify that all statements on this application are true and complete. I understand that any omission or misinformation given on this application may disqualify me from employment, or may result in disciplinary action up to and including termination.

I understand this application will remain active for forty-five (45) days only and that my application can only be reactivated by reapplying.

I acknowledge that I have read and understand each of the above statements, Acknowledgments and Consents.

Signature

Today's Date