



**Employment Information**

• What shift would you like to be considered for?	7am - 3pm _____	3pm - 11pm _____	11pm - 7am _____	Which shift do you prefer? _____
• Would you be willing to work overtime?	Frequently _____	Infrequently _____	Never _____	
• Have you ever been terminated or suspended from another job?	Yes _____	No _____		
If yes please explain: _____ _____				
• Are you prepared to report on time for each day scheduled?	Yes _____	No _____		
• Do you have transportation available to meet our work schedule?	Yes _____	No _____		

**Employment History** (Please complete full-time and part-time positions, beginning with your most recent employer.)

Company Name	Telephone Number	Employed from / to (Month / Year)	
Street Address	City	State	Zip Code
Your job title:	Hourly pay rate:	Name of supervisor:	
<ul style="list-style-type: none"> <li>• Describe your work duties: _____ _____</li> <li>• Reason for leaving: _____ _____</li> </ul>			
Company Name	Telephone Number	Employed from / to (Month / Year)	
Street Address	City	State	Zip Code
Your job title:	Hourly pay rate:	Name of supervisor:	
<ul style="list-style-type: none"> <li>• Describe your work duties: _____ _____</li> <li>• Reason for leaving: _____ _____</li> </ul>			
Company Name	Telephone Number	Employed from / to (Month / Year)	
Street Address	City	State	Zip Code
Your job title:	Hourly pay rate:	Name of supervisor:	
<ul style="list-style-type: none"> <li>• Describe your work duties: _____ _____</li> <li>• Reason for leaving: _____ _____</li> </ul>			

**Personal References** (Excluding former employers or relatives)

Name	Occupation	Telephone Number	
Address	City	State	Zip Code
Name	Occupation	Telephone Number	
Address	City	State	Zip Code
Name	Occupation	Telephone Number	
Address	City	State	Zip Code

**General**

<ul style="list-style-type: none"> <li>Do you require a reasonable accommodation in order for you to perform the duties of the position for which you have applied? <span style="float: right;">Yes ___ No ___</span>                      If yes please explain: _____                      _____</li> <li>Have you ever been convicted of any criminal offense other than a traffic offense? <span style="float: right;">Yes ___ No ___</span>                      If yes please explain: _____                      _____</li> <li>Are you over 18 years of age? <span style="float: right;">Yes ___ No ___</span>                      If no, employment is subject to verification of minimum legal age.</li> </ul>
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**Office Use - Do not complete**

<ul style="list-style-type: none"> <li>Date application sent: _____ Acknowledged: _____</li> <li>Date application received: _____ Acknowledged: _____</li> </ul>
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**Agreement**

I hereby authorize GoldenCrest to investigate all information given in this application. I certify that information given on this application is correct and I understand that any misrepresentations or omissions of fact called for in this or other company forms will be cause for immediate dismissal without notice. I release GoldenCrest and all representatives, employees and agents thereof from any liability or damages in connection with efforts to verify such information. I also release all third parties from any liability or damage on account of having furnished the same.

I understand and agree that if a conditional offer of employment has been extended to me by GoldenCrest I will be required to undergo a physical examination, criminal records check, fingerprint check and a drug test. I also understand that, if employed, I may at the discretion of GoldenCrest be requested to take a random drug test or polygraph test and that a refusal on my part to do so will result in my immediate dismissal. I understand that a job offer can be rescinded if, according to reasonable medical judgment, I cannot perform the essential functions of the job with or without reasonable accommodation, or pose a threat to the health or safety of myself or others in the workplace. The physical examination will be used only in a manner consistent with job relatedness and business necessity. I further understand that GoldenCrest is willing to make reasonable efforts to accommodate a covered disability, provided the accommodation will allow me to perform the essential functions of the job without any undue hardship. I also understand that the information supplied will be held in strict confidence by GoldenCrest, subject to certain permitted disclosures.

If employed, I agree to comply with all the rules and regulations of GoldenCrest that are in effect now and any others that may be instituted at a later date. I have been advised that if GoldenCrest has reason to suspect that an employee is transporting or concealing alcohol, drugs, controlled substances or drug related paraphernalia while engaged in company business or on the companies premises, the company reserves the right to search the employee, his or her workplace, packages, purse, briefcase, lunch box, other containers, places, things and car in which it is reasonably suspected the employee may be concealing alcohol, drugs, controlled substances or drug related paraphernalia. I also agree to follow the directions of all managers and supervisors of GoldenCrest.

I understand that, if employed, I will be employed on an at-will basis and that my employment may be terminated any time at the option of either myself or GoldenCrest. I understand that no management representative has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing. I further understand that no written policy, statements, handbooks, memoranda or any other materials provided to me by GoldenCrest are intended to serve as written or implied contracts of employment. I also recognize that no employees or representatives of GoldenCrest are authorized to enter into any oral contracts of employment concerning my wages, benefits or any other terms or conditions of employment.

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Signature of Applicant

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Date