

## **APPLICATION FOR EMPLOYMENT**

Equal Opportunity Employer Drug-Free Workplace

Last Name		Fi	rst		Mid	dle Initial	Today's Date			
Address						SS#				
Home Tele	lephone		Are you 18 or older?  Yes No							
	ever been emp ide date(s), lo		☐ Yes position(s)		for:					
EMPLOY	MENT DESI	RED								
Position Ap	plied for:					Desired I	Pay:			
Are you wil	ling to work ov	ertime as nec	cessary?	] Yes [	] No	Date Ava	ailable:			
How did yo	u hear about t	his position?								
		Full-time Part-time				у	Full-time or Part-time			
EDUCATI	ON									
Level	Name and	d Address		Date Graduated/ Ma Level Completed		or Studies	Degree/Diploma License/Certificate			
High School										
College										
Graduate School										
Vocational, Business, Other										

## SPECIAL SKILLS AND QUALIFICATIONS

pplying for.		or qualifications which relates to the job you
EFERENC	_	
	de three references (not relati	
Name	Address	Phone:
		Relationship: Years Known:
Name	Address	Phone:
vallie	Address	
		Relationship:
		Years Known:
Name	Address	Phone:
		Relationship:
		Years Known:
ENERAL		
	ently employed?	
		or the position you are applying for with or without
	ccommodation?  Yes  No	, , , , ,
Have you eve	er been convicted of a crime (oth	ner than a minor traffic violation) or entered a plea
of guilty or no	olo contendre? Yes No	
r yes, give da Factors such	as age and time of offense, seri	will not necessarily be a bar to employment. ousness and nature of the violation, and
	will be taken into account.	
Only U.S. Cit		right to work in the U.S. are eligible for bomit documentation verifying your legal right to



## **EMPLOYMENT HISTORY**

Please list employment record, starting with the most recent.

	, ,					
Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #			
Job Title			Reason for Leaving			
Duties, Responsi	Salary					
			Start:			
			End:			
Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #			
Job Title			Reason for Leaving			
Duties, Responsi	ibilities, Promotions		Salary			
			Start:			
			End:			
Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #			
Job Title			Reason for Leaving			
Duties, Responsi	Salary					
			Start:			
			End:			
Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #			
Job Title			Reason for Leaving			
Duties, Responsi	Salary					
			Start:			
			End:			

## APPLICANT STATEMENT

Notice to Applicants:

Sun Path Products, Inc. complies with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

If this application for employment is accepted, I understand that employment is not for any guaranteed term and may be terminated by the Company or employee at any time for any reason. It is further understood that this "at-will" employment relationship may not be changed by any written document, verbal statement, or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization in a written document titled "Employment Contract", and which specifically states the employee is not an At-Will employee.

I authorize Sun Path Products, Inc. to investigate my background and all statements contained in this application for employment as may be necessary in arriving at an employment decision, including the contracting of the employers, educational institutions and persons listed above, as well as law enforcement agencies, credit institutions, or other persons having personal knowledge about me. If there is a particular employer you do not wish us to contact, please indicate which one and why:

\_\_\_\_\_

I hereby release and hold harmless my current and former employers, educational institutions and persons or organizations named on this organization or accompanying resume from all liability on account of furnishing such information to Sun Path Products, Inc. or its agents.

In the event of employment, I understand that false, misleading or omitted information given in my application, interview(s) or any other document or statement may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

I consent to a medical examination and the collection of blood and/or urine samples, as requested by the purpose of determining the presence of alcohol and/or drugs, if any. I furthermore authorize the release of any and all medical information obtained during the exam and testing procedure to Employer. I understand that a Drug-Free Workplace program is in effect and that a positive result for the drugs tested may be grounds for termination.

I agree that if I am hired, I will be subject to a 90 day introductory period.

Sun Path Products, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability or marital status. We assure you that your opportunity for employment with Sun Path Products, Inc. depends solely upon your qualifications.

I certify	√ that	all i	information	contained	in 1	this a	pplicat	ion is	s correct	to t	he I	best	of m	v know	ledo	ge.
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Signature of Applicant Date

