



# APPLICATION FOR EMPLOYMENT

\* AN EQUAL OPPORTUNITY EMPLOYER

\* As an equal opportunity employer, this company will not discriminate unlawfully against any employee or applicant for employment because of race, creed, religion, sex, age, national origin, ancestry or disabilities.

## CHECK (✓) APPROPRIATE BOXES

→ ARE YOU AGE 16 OR OLDER?  YES  NO → ARE YOU AUTHORIZED TO WORK IN THE U.S.?  YES  NO

PERSONAL	Last Name		First		Middle		Date		
	Street Address						Home Telephone		
	City, State, Zip						Emergency # / Name		
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____						Social Security #		
	What position are you applying for?				<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME		Pay Expected		Date of Birth
	Apart from absence for religious observances, are you available for full time? <input type="checkbox"/> Yes <input type="checkbox"/> No If not what hours can you work?		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	Would you be able to perform the following with or without an accommodation: Standing For Long Hours <input type="checkbox"/> Yes <input type="checkbox"/> No Bending Frequently <input type="checkbox"/> Yes <input type="checkbox"/> No Lifting Over 50 Lbs. Frequently <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you aware of any reason you can not perform the functions of the position you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No If so describe such reason:				
	Other special training or skills (languages, machine operation, etc.)								
	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No		When will you be available to start work?			** The Age Discrimination Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The Kansas Act against Discrimination prohibits the age discrimination on the basis of age with respect to individuals who are at least 18 years of age.			

EDUCATION	School	Name and Location of School	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business / Trade / Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## PERSONAL REFERENCES

List below the names, addresses and phone numbers of two personal references other than relatives or former employees.

NAME	ADDRESS	PHONE
1		
2		

# EMPLOYMENT

Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone (      )
	Address	Employed - (state month and year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for Leaving  Name of Supervisor:

2	Company Name	Telephone (      )
	Address	Employed - (state month and year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for Leaving  Name of Supervisor:

3	Company Name	Telephone (      )
	Address	Employed - (state month and year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for Leaving  Name of Supervisor:

4	Company Name	Telephone (      )
	Address	Employed - (state month and year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for Leaving  Name of Supervisor:

## LEGAL

Have you ever been convicted of a crime? A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense. The seriousness and nature of the violation, and the applicants rehabilitation will be considered in the hiring decision.  
 Yes     No

If Yes, describe in full:  
 Were you ever discharged by any company?     Yes     No    If Yes, give name of Company(ies) and reason for discharge.

**NuWay IS A DRUG FREE WORKPLACE. AS A CONDITION OF EMPLOYMENT YOU MAY BE REQUIRED TO SUBMIT TO A SUBSTANCE ABUSE TEST AND A PHYSICAL EXAMINATION. ARE YOU WILLING TO DO SO?**     Yes     No

### READ CAREFULLY BEFORE SIGNING

In signing and submitting this application for employment to you (the Company), I clearly understand and agree:

1. I certify that the information contained in this application is correct and complete to the best of my knowledge and understand that any omission, misrepresentation or falsification of information made herein or in any interviews is grounds for refusal to employ me or my dismissal if I am employed;
2. I authorize the references listed above, schools and current and past employers to give the Company any and all information concerning my previous employment and any information they may have, personal or otherwise, and I release all parties from all liability for any damage or claim that may result from furnishing the same to the Company;
3. If I am employed, I agree to abide by all the rules, regulations and policies of the Company, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself;
4. I understand that no representative of the Company, other than the President of the Company, has any authority to enter into any agreement for employment for any specified period of time, or made any agreement contrary to the foregoing.

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DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_