Please Print Clearly

APPLICATION FOR FINGERPRINTING

Company Name _____ **Date** _____

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information, pregnancy, citizenship status or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER WHERE ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. THIS APPLICATION DOES NOT CREATE ANY TYPE OF EXPRESS OR IMPLIED CONTRACT OTHERWISE.

Applicant Name_____ Position Applied For_____ (list only one)

Telephone Number ( )_____-_____ Social Security Number: _ _ _ - _ _ - _ _ _ _ DOB _____

Present Address _____
Street, Apartment, or Unit Number

_____ _____ _____ How long have you lived there_____/_____ Years/Months
City State Zip

Email Address _____ Are you 18 years of age or older? Yes ☐ No ☐

Emergency Contact: Name: _____ Relationship: _____ Telephone Number:_____

Height:_____ Place of Birth:_____

Weight:_____ Eye Color:_____

Race:_____ Hair Color:_____

Applicant Signature_____ **Date**_____/_____/_____