

APPLICATION FOR EMPLOYMENT



This Application will be considered active for a period of time not to exceed 90 days.

REVISED ___/___/___

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION YOU ARE APPLYING FOR.

We consider applicants for all positions without regard to race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age, disability or genetic information or any other prohibited basis of discrimination as provided under applicable state and federal law.

Position(s) Applied For (<i>PLEASE PRINT</i>)		Date of Application	
Please Select Company			
<input type="checkbox"/> S2A			
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employee Referral: _____ <i>(Employee Name)</i>			
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Career Center <input type="checkbox"/> Other: _____			
Last Name		First Name	
Middle Name			
Address*		City*	State*
Zip Code*			
Email Address*	Telephone Number(s)*		Telephone Number(s)

**Address, phone number and email are essential for contact purposes*

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Are you able to provide proof of your legal right to work in the United States?

☐ Yes ☐ No

Proof of Citizenship or Immigration Status will be required upon employment.

On what date would you be available for work?

Are you available to work: ☐ Full-Time ☐ Part-Time ☐ 1st Shift ☐ 2nd Shift

	Monday	Tuesday	Wednesday	Thursday	Friday
Time Available to Work					

Are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No

Can you travel if a job requires it?

☐ Yes ☐ No

EDUCATION

	Name of School City, State	Diploma
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED

	Name of School City, State	Type of Degree	Degree Received <small>Y/N/In Progress</small>	MAJOR Course of Study	MINOR Course of Study
College/ University/ Vocational School					

ADDITIONAL INFORMATION

Additional Qualifications

Summarize special job-related skills, certifications and qualifications acquired from employment or other experience. State any additional information you feel may be helpful to us in considering your application.

Based on the job duties described to you, are you capable of performing the essential functions of the job or position with or without reasonable accommodation? ☐ YES ☐ NO

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR MOST RECENT JOB. IF THE JOBS LISTED BELOW DO NOT REFLECT ALL OF YOUR PREVIOUS EMPLOYERS AND POSITIONS, PLEASE ATTACH A SEPARATE PAGE.

1.	Employer		Dates Employed		Work Performed
			From	To	
	City				
	State	Zip			
	Phone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title				
	Supervisor		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Reason for Leaving		If PT, # hours worked per week		
2.	Employer		Dates Employed		Work Performed
			From	To	
	City				
	State	Zip			
	Phone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title				
	Supervisor		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Reason for Leaving		If PT, # hours worked per week		
3.	Employer		Dates Employed		Work Performed
			From	To	
	City				
	State	Zip			
	Phone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title				
	Supervisor		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Reason for Leaving		If PT, # hours worked per week		
4.	Employer		Dates Employed		Work Performed
			From	To	
	City				
	State	Zip			
	Phone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title				
	Supervisor		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Reason for Leaving		If PT, # hours worked per week		

APPLICANT'S STATEMENT

Name: _____

PLEASE DO NOT SIGN BELOW IF YOU DO NOT UNDERSTAND ANY OF THE FOLLOWING STATEMENTS.

S2A

This application for employment shall be considered active for a period of time not to exceed 90 days.

I UNDERSTAND THAT NOTHING IN THIS APPLICATION IS INTENDED TO IMPLY OR CREATE AN EMPLOYMENT RELATIONSHIP OR CONTRACT FOR EMPLOYMENT. EMPLOYMENT AT S2A , OR AFFILIATE COMPANY, IS ON AN "AT WILL" BASIS. THIS MEANS THE EMPLOYMENT RELATIONSHIP MAY BE TERMINATED AT ANY TIME BY EITHER THE EMPLOYEE OR BY LARSON OR AFFILIATE COMPANY FOR ANY REASON NOT PROHIBITED BY LAW. I UNDERSTAND THAT ANY WRITTEN REPRESENTATIONS OR ORAL STATEMENTS TO THE CONTRARY SHOULD NOT BE RELIED UPON BY ME.

MY EMPLOYMENT WILL BE GOVERNED BY THE POLICIES AND PROCEDURES AS SET FORTH IN LARSON OR AFFILIATE COMPANY POLICY MANUALS AND DOCUMENTS, AS THESE POLICIES AND PRACTICES HAVE BEEN CONSTRUED AND APPLIED, AND ARE SUBJECT TO MODIFICATION WITHOUT NOTICE. MY EMPLOYMENT MAY BE TERMINATED FOR VIOLATION OF THESE POLICIES AND PROCEDURES.

ARBITRATION AGREEMENT:

As a term and condition of my employment, I agree to waive my right to a jury trial in any action or proceeding related to my employment with S2A or Affiliate Company. I am doing so voluntarily and knowingly. I understand that I have the right to consult with counsel before signing this document. I agree that all claims and disputes relating to my employment with S2A or Affiliate Company shall be decided by an arbitrator selected in accordance with the rules and procedures established by the American Arbitration Association.

INFORMATION RELEASE:

I understand that consideration for employment in this position is contingent upon the results of a reference and background check. I therefore authorize S2A or Affiliate Company to investigate all statements made on my application for employment and to discuss the results of its investigations with those responsible for hiring. I further authorize S2A or Affiliate Company to contact my former employer(s) and any listed references or other persons who can verify information, and I give my consent for former employer(s) and other contacted persons to respond to questions pertaining to information on this application. I release from liability such former employer(s) or other persons contacted by and providing information to S2A or Affiliate Company and also release S2A or Affiliate Company from liability in acquiring this information and in basing an employment decision on the information provided.

MEDICAL INFORMATION:

I further understand that if employment is offered, it may be conditioned upon my passing a medical examination to be given by a physician selected by the employer to determine my fitness for the position I am seeking.

TOBACCO-FREE COMPANY:

S2A or Affiliate Company is a tobacco-free Company and I understand that I may be required to smoke outside of the Company property or other designated areas as instructed. *This includes any Vapor product.*

DRUG AND/OR ALCOHOL TESTING:

S2A or Affiliate Company is a drug-free Company. Upon acceptance of a job offer at S2A or Affiliate Company, I may be subject to drug and/or alcohol testing in compliance with state and federal laws. Failure to comply with such testing may result in withdrawal of offer of employment.

HOURS OF WORK:

S2A or Affiliate Company will schedule its employees to work on various shifts and days which meet its business requirements and serve customer needs. I understand I may be required to work these variable schedules and that I can be assigned to work in different departments, shifts, or days during my employment. Selection and assignment will be based upon ability, experience, qualifications, job knowledge, and current staffing needs. Failure to accept reassignment as defined may be considered a voluntary resignation. Each assignment decision will **not** be considered a precedence-setting event, but will rest on each unique set of circumstances based on business needs. I understand this is a condition of employment with S2A or Affiliate Company.

To be considered for employment at S2A Affiliate Company, employees must be 18 years of age or older.

I AM 18 YEARS OF AGE OR OLDER? ☐ YES ☐ NO

I have read, understood, and signed the above agreement this _____ day of _____ 20 _____

"I acknowledge that the information I have supplied is correct to the best of my knowledge and understand that any falsifications, misrepresentations, or omissions of fact may be grounds to reject an application, rescind a job offer or separate from subsequent employment, regardless of when discovered."

Signature of Applicant

Accepted by: _____

Signature of Authorized Representative

this _____ day of _____ 20 _____

PRE-EMPLOYMENT SELF-IDENTIFICATION FORM

We invite you to complete this personal data form. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be used solely for government recordkeeping and reporting purposes and will be detached and kept in a separate, confidential file. Any information that you choose to provide will not be considered for employment purposes and will be treated as confidential. Your voluntary cooperation is appreciated.

Name: _____
Last First MI

Position Applied for: _____

Date: _____ Male ☐ Female ☐

Are you **Hispanic or Latino** (i.e., a person of Cuban, Mexican Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? Yes ☐ No ☐

If no, what race(s) do you consider yourself to be? (If any of the definitions outlined below apply to you, please check the appropriate box (es))

- ☐ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ☐ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

It is the policy to provide equal employment and advancement opportunities to all qualified individuals. To achieve this goal, we are dedicated to taking affirmative action to employ and advance in employment, minorities, women, qualified disabled persons, disabled veterans, and veterans of the Vietnam Era. All personnel actions, including recruitment, hiring, training, and promoting persons in all job titles, will be administered without regard to race, color, religion, creed, ancestry, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other prohibited basis and all employment decisions are based solely on valid job requirements.

Signature: _____