



APPLICATION FOR EMPLOYMENT
(Please Print Legibly)

ANTIGUA IS AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital status or veteran status, the presence of a non-job-related medical condition or disability, Vietnam Era Veteran, or any other legally protected status.

Name: (Last) (First) (Middle) Date:

Home Address: (Street) (City) (State) (Zip)

Email Address:

Home Phone: Cell Phone:

Position Applying For: Date Available:

Rate of Pay Desired: \$ per (check One) Hour Week Month Year

Are you over 18 years old? Yes No

Are you legally eligible to work in the United States? Yes No

(Proof of eligibility will be required upon employment)

Are you available to work Full-Time Part-time Any Shift Temporary On Call

Are you willing to work Saturdays Sundays Extended Hours

Are You Currently Employed? Yes No May we contact your present employer? Yes No

Have you ever been employed by this company before? Yes No

If "YES" Please indicate dates of employment and positions held:

From: To: Position:

Indicate name(s) under which you worked for this company (if different from current name:)

Referred By:

EDUCATION

Table with 5 columns: SCHOOL, NAME & ADDRESS, CHECK LAST YEAR COMPLETED, GRADUATED, LIST DEGREE(S) OR DIPLOMA(S). Rows include High School, College/University, and Technical/Other.

MILITARY EXPERIENCE

Have you received any job-related training in the United States Military? Yes No

Please give dates and explanation:

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## EMPLOYMENT HISTORY

In the areas below, please list your past work experience, beginning with your **most recent** employment, for at least the past 10 years. Military experience and volunteer work may also be included as employment.

**NOTE:** In order to be considered for employment, you must fill in the information below, accurately and completely. If you need additional space, attach a continuation sheet or extra copies of this page.

Employer _____ Phone _____ Address _____ City _____ State _____ Zip _____ Job Title _____ Duties _____ Reason for Leaving _____	From _____ / _____ / _____ <small>Month Day Year</small> TO _____ / _____ / _____ <small>Month Day Year</small> Pay _____ Supervisor's Name _____
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### REFERENCES

(Please list the name, address and telephone number of three references who are not related to you and are not previous employers).

NAME & OCCUPATION	EMAIL	PHONE NUMBER
1		
2		
3		

**LIST PROFESSIONAL TRADE, BUSINESS OR CIVIC ORGANIZATIONS AND ANY OFFICES HELD. (Exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or other protected status.)**

ORGANIZATION	OFFICES HELD

**LIST SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS OR ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER. (Exclude information that would reveal sex, race, religion, national origin, age, ancestry or other protected status)**

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**PLEASE READ CAREFULLY AND SIGN BELOW**

I certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations or omissions of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Antigua such employment with Antigua is at will, for no specified duration, and may be terminated by either Antigua or myself at any time, with or without cause or notice. I also understand that while personnel policies, programs and procedures may of necessity change from time to time, such at-will status is not subject to change absent a written agreement signed by Antigua's president or a designated authorized representative. I understand that none of the documents, policies, procedures, actions, statements of Antigua or its representatives used during the employment process is deemed a contract of employment real or implied.

I UNDERSTAND THAT IF OFFERED A POSITION WITH ANTIGUA, I MAY BE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT MEDICAL EXAMINATION, DRUG SCREENING AND BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT. I UNDERSTAND THAT UNSATISFACTORY RESULTS FROM, REFUSAL TO COOPERATE WITH, OR ANY ATTEMPT TO AFFECT THE RESULTS OF THESE PRE-EMPLOYMENT TESTS AND CHECKS WILL RESULT IN WITHDRAWAL OF ANY EMPLOYMENT OFFER OR TERMINATION OF EMPLOYMENT IF ALREADY EMPLOYED.

I further understand if offered a position with Antigua I will be required to prove eligibility to work in the United States.

I hereby authorize Antigua and/or its assigns to investigate my personal history and to obtain from my previous employers any information they have concerning me.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Antigua and/or any of its representatives, agents or vendors and release all parties involved from any and all liability for any and all damage that may result from providing such information.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Please Print Name**

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