



Standard Candy Company, Inc.



We are an equal opportunity employer and do not unlawfully discriminate in employment based on race, national origin, color, creed, religion, age, disability, sex, veteran status, or citizenship. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

APPLICATION FOR EMPLOYMENT

Date _____
(Complete all sections thoroughly. A resume' may be attached but may not substitute for completion of the application.)

Print Name _____
Last First Middle

Address _____
Street City State Zip

Social Security Number _____ Telephone Number (____) _____

Position(s) applied for: (1) _____ (2) _____

Hours or shift preferred _____ Date available to start work ____ / ____ / ____

Specify restrictions, if any, of days and hours (e.g. class schedule) _____

(circle one) Full Time Part Time Temporary Minimum compensation requirement \$ _____

Have you ever been employed at Standard Candy Company, Inc.? Yes No

Are you at least 18 years of age? Yes No

Are you authorized to live and work in the United States? Yes No
(Verification of your legal right to work in the United States will be required within three days of being hired.)

Have you ever been convicted of a felony? If yes, please explain _____ Yes No
(Felony conviction is not a complete bar to employment.)

Are you able to perform the essential functions of the job for which you have applied? Yes No

Clerical Skills/Computer Skills (If applicable)

Typing Speed _____ Keyboard Skills (Data Entry) _____

List any additional skills, education or training related to the position applied for _____

Record of Education

Please include name and address of school and under what name attended if different

	Course of Study	Year Completed	Did you Graduate?	Diploma or Degree
High School _____		1 2 3 4		
College _____		1 2 3 4		
Other (specify) _____		1 2 3 4		

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

Telephone number (____) _____

If you are under age 40, enter your date of birth (month, day, year) ____ / ____ / ____

- 1 Check here if you are completing this form **before** August 28, 2007, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received food stamps for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received food stamps for the past 6 months, or
 - b Received food stamps for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
- Discharged or released from active duty in the U.S. Armed Forces, or
 - Unemployed for a period or periods totaling at least 6 months.
- 5 Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date ____ / ____ / ____

