



Application For Employment

Today's Date _____

Please provide all information requested on this form. Please print clearly. Please sign and date the application

Introduction

Last Name _____ First _____ M.I. _____
Phone () - _____
Current Address _____
City _____ State _____ Zip Code _____
How long have you resided at your current address _____
Permanent Address _____
City _____ State _____ Zip Code _____

*Position Desired _____ Expected Pay _____ Date Available to Work _____
*Note: If the position you are hired for requires a driver's license, a copy of your driving record from the Department of Motor Vehicle will be required.
Desired Status: Full Time _____ Part Time _____ Temporary _____
Hours and Days Available to Work _____
Have you ever been employed here before? Yes _____ No _____ If yes, please provide dates and location: _____
Do you have any relative(s) working for the company? Yes _____ No _____ If yes, please provide their name (s):
1- _____ 2- _____
Who Referred You To Our Company: _____ Newspaper Ad _____ Employment Agency _____ School / College
_____ Walk-In _____ Other (Explain) _____

Are you legally authorized to work in the United States of America? _____ Yes _____ No
Are of legal age to work in the United States of America? _____ Yes _____ No
Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation?
_____ Yes _____ No If no, please explain _____
Would you be willing to submit to a post-offer drug test and/or medical examination? _____ Yes _____ No
Have you ever been convicted of, or plead guilty or no contest to, a felony? _____ Yes _____ No If yes, please explain: _____
Answering yes to this question does not constitute an automatic bar to employment.
List any special training or skills that would be of special benefit in the job for which you are applying:

Please exclude those which may disclose your race, color, religion, national origin, or any other characteristics.

Education Background

Name of High School and Location _____	Grades Completed _____
Did you graduate? ___ Yes ___ No	Type of Degree / Diploma _____
Name of College and Location _____	Years Completed _____
Did you graduate? ___ Yes ___ No	Type of Degree / Diploma _____
Other Schooling (Please Specify): _____ _____	

Employment Experience

Please list your previous employers for the ten-year period in chronological order, with the last employer listed first. Please provide all information requested. Be sure to indicate the reason for leaving your employment. Do not simply attach your resume. Attach additional pages if necessary.

Employer _____	Address _____
Phone (____) _____ - _____	Job Title _____ Supervisor _____
Dates Employed: From _____	To _____ Last Rate of pay _____
Job Duties Performed _____ _____	
Reason For Leaving _____	

Employer _____	Address _____
Phone (____) _____ - _____	Job Title _____ Supervisor _____
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Employer _____ Address _____

Phone (____) _____ - _____ Job Title _____ Supervisor _____

Dates Employed: From _____ To _____ Last Rate of pay _____

Job Duties Performed _____

Reason For Leaving _____

Employer _____ Address _____

Phone (____) _____ - _____ Job Title _____ Supervisor _____

Dates Employed: From _____ To _____ Last Rate of pay _____

Job Duties Performed _____

Reason For Leaving _____

May we contact your current employer? ____ Yes ____ No If no, please explain: _____

Have you ever been terminated or asked to resign from any job? ____ Yes ____ No

If Yes, please explain the circumstances: _____

Please identify and explain all periods of unemployment in excess of one month:

	From:	To:	Reason for Unemployment:
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Please provide Professional and Personal references:

Professional (i.e. co-worker, colleague, business associate)

	Name	Phone Number	Address	Relationship to you
1	_____	(____) _____	_____	_____
2	_____	(____) _____	_____	_____

Personal (other than family members)

	Name	Phone Number	Address	Relationship to you
1	_____	(____) _____	_____	_____
2	_____	(____) _____	_____	_____

Certification

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge, and I agree to have any information verified by the Company. I authorize the references listed on this application as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liabilities for any damage that may result from furnishing such information to the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in failure to receive a job offer or, if I am hired, my immediate dismissal from employment.

I also understand that all offers of employment are conditioned upon the provision of satisfactory proof of applicant's identity and legal authority to work in the United States of America. I also understand that all offers of employment are conditioned upon the satisfactory completion of post-offer medical examination and/or drug test.

If hired, I agree that my employment can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. If hired, I further agree that no employee or representative of the Company has the authority to modify the at will employment policy, except for the President of the Company, and that any modification to the at will employment policy must be in written agreement signed by both the employee and the President of the Company. If hired, I agree that this constitutes an integrated agreement with respect to the at will nature of the employment relationship, and that there are not now and may not be in the future any implied or oral agreements that in any way modify the at will employment policy.

Signature of Applicant

Date

Printed Name of Applicant

For Company Use Only:

Attachments: _____ Resume _____ Interview Notes _____ Exam Results

Applicant Hired? _____ Yes _____ No Date of Job Offer _____ Hire Date _____

Position _____ Rate of Pay _____ Benefit Status _____

Location/Dept. No. _____ Other _____

Notes: _____

