



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): _____<br>_____ |                                |

**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 _____<br>_____ |                                  |
| Reason For Leaving _____            |                                  |

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

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

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:

|   | <b>From:</b> | <b>To:</b> | <b>Reason for Unemployment:</b> |
|---|--------------|------------|---------------------------------|
| 1 | _____        | _____      | _____                           |
| 2 | _____        | _____      | _____                           |
| 3 | _____        | _____      | _____                           |
| 4 | _____        | _____      | _____                           |
| 5 | _____        | _____      | _____                           |

List personal references, other than family relatives or previous employers:

|   | <b>Name:</b> | <b>Relationship to you:</b> | <b>Address:</b> | <b>Phone Number:</b> |
|---|--------------|-----------------------------|-----------------|----------------------|
| 1 | _____        | _____                       | _____           | _____                |
| 2 | _____        | _____                       | _____           | _____                |
| 3 | _____        | _____                       | _____           | _____                |

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_