



# APPLICATION FOR EMPLOYMENT

We consider applicants for employment without regard to race, color, religion, gender, national origin, age, disability, sex, citizenship status, genetic information or any other legally protected status.

**(Please Print)**

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number (Optional)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

Best time to contact you at home is: .....	_____:	_____ <small>AM PM</small>
Are you 18 years of age or older?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Desired Pay/Salary? _____		
Have you ever filed an application with us before?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date _____		
Have you ever been employed with us before?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date _____		
Are you currently employed?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, can you provide written evidence that you are authorized to work in the US?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date available for work ____ / ____ / ____		
Are you available to work:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (Please indicate Mornings or Afternoons) <input type="checkbox"/> Temporary (Please indicate dates available ____ / ____ / ____ to ____ / ____ / ____)	
Are you currently on "lay-off" status and subject to recall?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## Education

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Trade, Business or Corr. School				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States Military.

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Note to Applicant:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

Yes     No

# Employment Experience

Start with your present or last job. Include any job-related military service, assignments and volunteer activities. You may exclude organizations which would indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title			
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title			
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title			
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:)

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Summarize job-related skills and qualifications acquired from employment or other experience.

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# References

1.	_____ (Name) _____ (Phone Number)
	_____ (Address)
2.	_____ (Name) _____ (Phone Number)
	_____ (Address)
3.	_____ (Name) _____ (Phone Number)
	_____ (Address)

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

## AUTHORIZATION

I confirm that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge and understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire or dismissal if I have been employed, when discovered by the Company.

I understand that any employment is conditional on a background check. I authorize the company to thoroughly investigate all statements contained in this application or resume, and I authorize my former employers and references to disclose information regarding my former employment character and actual reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of, or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed terms and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examination and you have my permission that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and secure and placed in my personnel file. I understand that my employment or continued employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by the Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part at any time.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title Date