



APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: PLEASE PRINT ALL INFORMATION AND COMPLETE EVERY PART OF THE APPLICATION. IF THERE IS A QUESTION WHICH DOES NOT APPLY TO YOU, MARK "N/A". DO NOT LEAVE ANY QUESTION UNANSWERED. ANY FALSE, MISLEADING, OR INCOMPLETE RESPONSES MAY RESULT IN DISQUALIFICATION FOR HIRE OR IMMEDIATE DISMISSAL FOR EMPLOYMENT. YOU MAY ADD ANOTHER PAGE IF NECESSARY.

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

Today's date: _____ Date you can start: _____

How did you learn about this job? _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Home Address: _____
City State Zip Code

Phone: (____) _____ Cell: (____) _____

Social Security Number: _____

Are you available Full-time Part-time Temporary

Please describe any work schedule limitations: _____

Have you applied for a job with us before? No Yes (State date): _____

Have you been employed by us before? No Yes (If yes, state date and jobs):

Do you have relatives employed by us? No Yes the following relatives:

Are you at least 18 years old? No Yes

If not, are you at least 16 years old? No Yes

Have you ever been convicted of a felony, or of any crime relating to theft or dishonesty, or acts of violence?

No Yes, as follows: _____

NOTE: A CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT. THE CIRCUMSTANCES OF THE CONVICTION WILL BE CONSIDERED IN RELATION TO THE NATURE AND DUTIES OF THE JOB APPLIED FOR.

Are you a citizen of the United States, or specifically authorized to be employed in the United States? No Yes

NOTE: THE LAW REQUIRES THAT YOU PROVIDE EVIDENCE AND A SWORN STATEMENT OF YOUR CITIZENSHIP OR WORK AUTHORIZATION IF YOU ARE HIRED. ANY OFFER OF EMPLOYMENT WHICH YOU RECEIVE IS CONTINGENT UPON YOUR PROVIDING THE DOCUMENTATION AND STATEMENT WHICH WE WILL REQUEST FROM YOU.

PRIOR EMPLOYMENT

LIST YOUR LAST FOUR JOBS, BEGINNING WITH THE MOST RECENT (OMIT DATES FOR JOBS HELD MORE THAN FIVE YEARS AGO.)

1. Employer name/address /phone _____

Job Title _____ Duties _____
Dates employed _____ to _____ Salary/Bonus _____
Reason for leaving _____

2. Employer name/address /phone _____

Job Title _____ Duties _____
Dates employed _____ to _____ Salary/Bonus _____
Reason for leaving _____

3. Employer name/address /phone _____

Job Title _____ Duties _____
Dates employed _____ to _____ Salary/Bonus _____
Reason for leaving _____

4. Employer name/address /phone _____

Job Title _____ Duties _____
Dates employed _____ to _____ Salary/Bonus _____
Reason for leaving _____

EDUCATION AND TRAINING

Name and location of High School: _____

Graduated No Yes

List technical or trade school, college, and post-graduate education, if any,

School/College	Level/Completed	Degree	Major Subjects
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

OTHER SKILLS

Describe any computer, office machine, tool or equipment skills and proficiency level:

Describe any other special skills or qualifications which may help you in the position applied for:

List all professional licenses or certificates held, including State, license or certificate type, date issued, and license or certificate number:

List any relevant professional or business organizations to which you belong (Optional):

VETERAN STATUS

If you are a veteran of the armed forces of the United States, please provide the following Information:

Military Branch: _____ Dates of Service: _____

Discharge Date: _____ Honorable Discharge? No Yes

NOTE: A LESS THAN HONORABLE DISCHARGE WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT.

REFERENCES

List three personal references, other than prior employers or relatives, whom we can contact.

1. Name _____ Phone # (____) _____

How long known _____ Occupation _____

2. Name _____ Phone # (____) _____

How long known _____ Occupation _____

3. Name _____ Phone # (____) _____

How long known _____ Occupation _____

Company Name

Applicant Name

BY SIGNING BELOW, I CERTIFY THAT THE ANSWERS AND INFORMATION SET OUT ABOVE ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT IF ANY ANSWER OR INFORMATION IS NOT TRUE, ACCURATE OR COMPLETE, I MAY NOT BE HIRED, OR IF HIRED, I MAY BE DISCHARGED. I AUTHORIZE THE COMPANY TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AND TO INVESTIGATE MY CHARACTER AND QUALIFICATIONS. I AUTHORIZE MY PRIOR EMPLOYERS, REFERENCES, AND OTHERS WITH INFORMATION REGARDING MY WORK OR EDUCATIONAL HISTORY OR MY CHARACTER, TO PROVIDE THE COMPANY WITH ALL REQUESTED INFORMATION AND REFERENCES, AND TO COOPERATE FULLY WITH THE INVESTIGATION OF MY CHARACTER AND QUALIFICATIONS.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS HAVE BEEN MADE, AND THAT NO ONE WITHIN THE COMPANY HAS THE AUTHORITY TO MAKE ORAL CONTRACTS OF EMPLOYMENT. IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THE COMPANY IS TERMINABLE AT WILL, WITH OR WITHOUT CAUSE, BY EITHER MYSELF OR THE COMPANY.

I ALSO UNDERSTAND THAT MY EMPLOYMENT MAY BE CONDITIONED UPON A FAVORABLE HEALTH EVALUATION, WHICH MAY INCLUDE A MEDICAL EXAMINATION BY A PHYSICIAN SELECTED BY THE COMPANY, TO WHICH I HEREBY CONSENT.

I UNDERSTAND AND AGREE TO ALL OF THE CONDITIONS AND STATEMENTS SET FORTH ABOVE, AND THROUGHOUT THIS APPLICATION.

Applicant's Signature

Date and Time