



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Name: _____ Date: _____
Last First M.I.

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address for receiving paystubs: _____

Phone Number: _____ Mobile Phone Number: _____

Are you legally eligible to be employed in the United States? Yes No

(Proof of identity and eligibility will be required upon employment)

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)
 Yes No

Have you ever been terminated from employment or asked to resign by an employer?
 Yes No

If yes, please provide company names and details: _____

Are you available to work: DAYS [] NIGHTS [] WEEKENDS [] FULL TIME [] If you cannot work full time, please explain: _____

Can you work overtime, including weekends? Yes No

Are you able to meet the attendance requirements? Yes No

Can you travel if required by this position? Yes No

Can you perform the essential functions of the position for which you are applying?

Yes No

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

Do you have a reliable method of getting to work? Yes No

Driver's License Number: _____

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/Salary desired _____

Position desired _____

Are you currently employed? _____ If so, may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? Walk In Advertisement Referral Other

Have you ever worked for our company before? Yes No

If yes, when? (Give dates) _____ Job Title: _____

Do you know anyone who works for our company? Yes No If yes, who? _____

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? ___Yes ___No If yes, please describe: _____

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? ___Yes ___No If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.) _____

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From: _____ To: _____ Employer: _____

Telephone: _____ Address: _____

Job title: _____

Immediate supervisor and title: _____

Summarize the nature of work performed and job responsibilities: _____

Reason for leaving: _____

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Telephone: _____ Address: _____

Job title: _____

Immediate supervisor and title: _____

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Telephone: _____ Address: _____

Job title: _____

Immediate supervisor and title: _____

Summarize the nature of work performed and job responsibilities: _____

Reason for leaving: _____

Are you subject to any employment, confidentiality, or non-competition agreement with any present or former employer? ___Yes ___No

If yes, please explain and list any such employer: _____

Account for any full month since leaving school (high school or college) that you were not working, including dates and a reason: _____

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Phone, Email	Company	Years Acquainted
1			
2			
3			

IN CASE OF EMERGENCY

Primary Contact in case of Emergency: _____

Phone Number: _____ Relationship: _____

Secondary Contact in case of Emergency: _____

Phone Number: _____ Relationship: _____

IMPORTANT, PLEASE READ AND SIGN

We are an equal opportunity employer and do not unlawfully discriminate in employment. 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. Should your application for employment be approved, you will need to pass a substance abuse (drug) test as the Company is a drug-free and alcohol-free workplace.

I hereby authorize Employer, its directors, officers, employees and agents to (a) contact, obtain, and verify the accuracy of information contained in this application from all previous employers,

educational institutions, and references and (b) as permitted by law (i) conduct criminal and driver license background checks and/or (ii) obtain your credit report from credit reporting agencies. I also hereby release from liability Employer, its directors, officers, employees and agents for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that employment is "At Will" there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the federal and state law.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature: _____

Date: _____

Do not write below this line

RESULTS

Employed: YES [] NO []

If Yes, Job Title: _____ Department _____

Date beginning Employment _____ Compensation \$ _____ per _____

Interviewed by: _____ Date: _____