

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status or any other legally protected status

Please Print

Position(s) applied for: _____ Date: _____

How did you learn about us?

____ Advertisement ____ Friend ____ Relative ____ Other _____

Personal Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State _____ Zip Code _____ Social Security Number _____ - _____ - _____

Home Phone: _____ Message Phone: _____

Are you 18 years old or older? ____ yes ____ no Are you 21 years old or older? ____ yes ____ no

Have you ever been employed by us before? ____ yes ____ no

If yes, give dates of employment, location of facility and last title.

Are you legally able to work in the United States? ____ yes ____ no

Have you ever been convicted of a crime? ____ yes ____ no

If yes, give dates and type of conviction. A conviction will not necessarily disqualify an applicant.

Availability:

Are you currently employed? ____ yes ____ no May we contact your present employer? ____ yes ____ no

Date available for work ____/____/____ Desired salary range _____

When are you available to work:

Full-time _____ Part-time _____ Temporary _____
Mornings _____ Afternoons _____ Evenings _____

Are you currently on "lay-off" status and subject to recall? ____ yes ____ no

Would you be able to work overtime if asked? ____ yes ____ no

Do you have transportation to and from work? ____ yes ____ no

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Schedule Availability:

Please indicate the hours you are able to work, not preferred.

	Start Time	End Time
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Special circumstances _____

Education:

	Name and Location	Course of Study	No. of Years Completed?	Did you Graduate?	Degree or Diploma?
High School					
College					
Business/Trade/Technical					
Other					

Military:

Have you served in the United States Armed Forces? _____yes _____no
If yes, please give dates, what branch and last rank.

Describe any training received relevant to the position for which you are applying.

Skills and Training:

List other skills or training including foreign language and computer knowledge related to the position you are seeking.

Employment History:

Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employer. Explain any periods of unemployment.

Employer _____
Address _____
Phone Number _____ Last job title _____
Supervisor's name _____ May we contact? _____ yes _____ no
From ____/____/____ to ____/____/____ Starting wage _____ Ending wage _____
Reason for leaving _____
Describe your position _____

Employer _____
Address _____
Phone Number _____ Last job title _____
Supervisor's name _____ May we contact? _____ yes _____ no
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Describe your position _____

References:

List business references only

Name	Phone Number	Relationship	Years Known

Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is acknowledged in writing by an authorized executive of this organization.

If you decide to engage an investigative consumer-reporting agency to report on my credit and person history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

If I am offer employment, I understand that I may be required to submit to a physical examination and/or a controlled substance screening.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the employer.

Signature of Applicant

Date
