

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, and veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status. **Directions: You must fill in this form completely to be considered for employment with this company. Please print neatly.**

Position Applying for: _____ **Date of Application:** _____

Personal Information

Last Name	First	M.I.	Social Security Number
Street Address			Home Phone Number
City	State	Zip	Alternate Phone Number

Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you, after employment, submit proof of age? Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you verify your legal rights to work in the US by providing appropriate documentation? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If offered employment, proof of U.S. citizenship or the right to work in the United States will be required.)</i>	
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, explain & date, nature of offense and results of conviction.
Note: A conviction will not necessarily disqualify you from the position from which you have applied.	

Person to be contacted in case of emergency. Name:	Relationship:
Address	Phone:

Preferences

Date available for work:	Salary or hourly rate desired:
Type of employment you are interested in:	
What days and hours are you available for work? Days:	Hours:
Are there any hours, shifts, or days that you cannot or will not work? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	

Education / Certificates / Training

School	School Name and Address	Grade / Years Completed	Major / Field of Study	Certification or Degree
High School / GED				
Business / Trade / Technical				
University / College				

Other training and/or skills related to the position applying for: _____

List any other education, training, special skills, certifications, or licenses that you possess: _____

Employment Record *List your complete full-time and part-time employment record. Begin with your current or most recent employer.*

Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
1. Company Name:			Phone:
Street Address:	City:	State:	Zip:
Immediate Supervisor's Name: Job Title:		Start Date: (Month/Yr)	End Date: (Month/Yr)
Summarize the nature of work performed & job responsibilities:			
Wages (Hourly, Salary or base and commission)		Starting:	Ending:
Reason for leaving:			
May we contact this supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>			

2. Company Name:		Phone:	
Street Address:	City:	State:	Zip:
Immediate Supervisor's Name: Job Title:		Start Date: (Month/Yr)	End Date: (Month/Yr)
Summarize the nature of work performed & job responsibilities:			
Wages (Hourly, Salary or base and commission)		Starting:	Ending:
Reason for leaving:			
May we contact this supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. Company Name:		Phone:	
Street Address:	City:	State:	Zip:
Immediate Supervisor's Name: Job Title:		Start Date: (Month/Yr)	End Date: (Month/Yr)
Summarize the nature of work performed & job responsibilities:			
Wages (Hourly, Salary or base and commission)		Starting:	Ending:
Reason for leaving:			
May we contact this supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Professional References *Please provide at least three (3) work references who are not related to you in addition to those indicated above.*

Name / Title	Company	Telephone Number(s)

Read, Date & Sign

I authorize the company to conduct a reference and a background investigation, which may include driving record, criminal record, credit, and educational background and professional license. I understand and agree that employment may be contingent upon the results of the reference checks and the background investigation.

I understand I will be required to provide information for compliance with the Immigration Reform and Control Act. I understand that I may be required to have a physical examination, drug test, and pre-employment evaluations.

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the company unless I have indicated to the contrary. I authorize the references listed above to provide the company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and person from any and all liability for any damages that may result from furnishing such information by the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information of this application may result in my failure to receive an offer, or if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the company and agree that my employment and compensation 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.

My signature acknowledges that I understand and accept the above statements.

Applicant's Signature

Date

Note: This application will remain active for only 90 days from the date above.