



Application for Employment

We are an equal opportunity employer. It is our policy to comply with all federal, state and local equal employment opportunity laws and guidelines.

Position Applied For		Date of Application	
Last Name		First Name	Middle
Address		City	State Zip Code
Social Security Number		Telephone Number (s) Home & Cellular	
Drivers License #		Expiration Date	Class
<b>How Did You Learn About Us?</b>			
Advertisement _____	Walk-in _____	Friend (name of friend) _____	
Employment Agency _____	Other _____	Relative (name of relative) _____	

Are you over the age of 25?..... **Yes No**  
**If no**, please state your date of birth: \_\_\_\_\_

Are you legally eligible for employment in the United States?..... **Yes No**

Has any restriction been placed on your eligibility for employment in the United States?..... **Yes No**  
**If yes**, please explain:  
**Note:** If hired, you will be required to provide proof of employment eligibility.

Do you have a reliable means of transportation to and from work? **Yes No**

Have you been employed by this company before?..... **Yes No**  
**If yes**, please give previous dates of hire and departure:

Do you have any personal friends or relatives employed at this company?..... **Yes No**  
**If yes**, please list them and their relationship to you and their positions:

Are you capable of performing -with or without reasonable accommodation -  
the essential functions of the position which you seek?..... **Yes No**

Are you currently employed?..... **Yes No**

May we contact your present employer?..... **Yes No**

Are you available to work: Full Time Part Time Shift Work Temporary

On what date would you be available for work? \_\_\_\_\_

Have you been convicted of a felony?..... **Yes No**  
**If yes**, please explain date and nature of conviction:

**Note:** Disclosure of a criminal record will not necessarily disqualify you from employment.  
The nature and date of the conviction and the position desired will be taken into consideration.



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## EDUCATION INFORMATION

Level	Name of School	Years Completed	Type of degree	Field of study
High School				
College/ Undergraduate University				
Graduate School				
Technical School				
Other				

List honors, awards, or scholarships received:

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List relevant activities, memberships or positions held:

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## Indicate Languages you Speak, Read, and or Write

	Fluent	Good	Fair
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

## References

Please list - with address and phone number - three people familiar with your education, training, or professional experience.

Please do not include family members or relatives:

1. 

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2. 

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3. 

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State any additional information you feel may be helpful to us in considering your application.

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## Employment History

Start with your most recent or current employer.

<b>1.</b>	<b>Employer</b>	<u>Employed From:</u>	<u>Employed To:</u>	<b>Work Performed</b>	
	Telephone				
	Address	<u>Starting Pay</u>	<u>Final Pay</u>		
	Job Title				
	Supervisor				
	Reason For Leaving				
<b>2.</b>	<b>Employer</b>	<u>Employed From:</u>	<u>Employed To:</u>	<b>Work Performed</b>	
	Telephone				
	Address	<u>Starting Pay</u>	<u>Final Pay</u>		
	Job Title				
	Supervisor				
	Reason For Leaving				
<b>3.</b>	<b>Employer</b>	<u>Employed From:</u>	<u>Employed To:</u>	<b>Work Performed</b>	
	Telephone				
	Address	<u>Starting Pay</u>	<u>Final Pay</u>		
	Job Title				
	Supervisor				
	Reason For Leaving				
<b>4.</b>	<b>Employer</b>	<u>Employed From:</u>	<u>Employed To:</u>	<b>Work Performed</b>	
	Telephone				
	Address	<u>Starting Pay</u>	<u>Final Pay</u>		
	Job Title				
	Supervisor				
	Reason For Leaving				



## **Notice of Physical Testing**

This company is committed to maintaining a drug-free workplace. All candidates for employment are required to complete a physical examination and/or test for drug and/or alcohol use. A physician or clinic of the company's choice will administer these tests.

I agree to undergo pre-employment drug and/or alcohol testing. I understand that results of any such test will be disclosed only to the human resources department of this company and relevant management employees. I understand that if I refuse to undergo testing, fail to provide physical specimens when requested, provide false or tampered specimens or otherwise fail to complete the testing process, I will not be hired.

## **Applicant Acknowledgment**

I grant permission for this company to conduct an investigation and solicit information related to my educational, employment, military service and criminal histories. I release this company and any of its employees or representative from any liabilities arising from such investigations.

I grant permission for this company to conduct an investigation and solicit information related to my professional character and reputation. I release this company and any of its employees or representatives from any liabilities arising from such investigations.

I understand that this employment application and any other company documents do not constitute or in any way imply a contract of employment. I understand that no employee or representative of the company has authority to make or imply any contract of employment between me and the Company. I understand that any individual hired by this company may voluntarily leave or be terminated at any time, with or without cause being given.

If terminated, I authorize this company to deduct – to the extent permitted by law – any monies that I might legitimately owe the company from any monies the company might owe me.

All statements made and information given by me on this application are true and correct to the best of my knowledge. I understand that any false, inaccurate, omitted or misleading statements or information may be grounds for rejection of my application or termination of my employment.

**I have read, understand and by my signature consent to these statements.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_