

APPLICATION FOR EMPLOYMENT

Please type or print in ink. Place your signature where indicated in the application.

Position Applying for: _____

PERSONAL			
Last Name	First	Middle	Date
Mailing Address		Social Security No.	
City, State, Zip		Home Phone	
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month & Year	Have you ever worked for us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Years Location	Business/Alternate Phone	
Position Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary Desired
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain	When will you be available to begin work?		Will you work overtime if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If employed, proof of eligibility for employment in the U.S. will be required</small>	Do you have relatives and/or friends working for the company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Shifts willing to work
Can you perform the essential functions of the position for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain. For questions about the functions, ask the interviewer before answering.	Name(s) Relationship(s)		How did you learn of this position?

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL (CITY AND STATE)	COURSE OF STUDY	NO OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
GRADE/HIGH SCHOOL					
COLLEGE					
POST-GRADUATE					
BUSINESS/TECH/TRADE SCHOOL					
Other special skills or professional training or membership in professional or civic organizations.					
CRAFT EXPERIENCE OR ON THE JOB APPRENTICE TRAINING		Years Exp.	List software used:		
1. _____		_____			
2. _____		_____			

MILITARY

(COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES)

Describe your duties and any special training			
Branch of Service	Period of active duty (month & year)	Rank at discharge	Date of final discharge (month & year)
	From To		

EMPLOYMENT HISTORY

PLEASE COMPLETE FOR ALL FULL-TIME AND PART-TIME POSITIONS, INCLUDING ANY PERIODS OF UNEMPLOYMENT, BEGINNING WITH THE MOST RECENT EMPLOYER
Applicant may include in such work history any verifiable work performed on a volunteer basis

Company Name	Telephone ()
Address: Street, City and State	Period of Employment From _____ To _____
Name and Title of Supervisor	Pay per (circle one) Hour Week Month Start _____ Final _____
Your job title and job description of the work	Reason for leaving

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Address: Street, City and State	Period of Employment From _____ To _____
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Address: Street, City and State	Period of Employment From _____ To _____
Name and Title of Supervisor	Pay per (circle one) Hour Week Month Start _____ Final _____
Your job title and description of the work	Reason for leaving

May we contact your current employer? Yes No

DO NOT CONTACT: We may contact the employers listed above unless you indicate those you do not want to contact:

Employer Name _____ Reason _____

Employer Name _____ Reason _____

PLEASE USE ADDITIONAL PAGES IF NECESSARY

REFERENCES

Name (Do not use relatives or former employers)	Occupation	Telephone

AGREEMENT AND CERTIFICATION

Please read the following information. Please sign and date each paragraph as requested to confirm your understanding and agreement.

"I certify that the information given by me on this application and/or during an interview for employment is true in all respects, and I agree that if the information given is found to be false in any way, it may result in denial of employment or discharge from employment. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked by Company representatives concerning my ability, character, reputation, and previous employment record. I release all such persons and employers from any liability or damages on account of having furnished such information."

Signature of Applicant

Date

"I understand this is **not an employment contract.** I further understand that nothing contained in this employment application, or the policies and rules governing employment, or in the granting of an interview, is intended to create an employment contract between the Company and me for either employment or for providing of any benefit.

Signature of Applicant

Date

"I understand that prior to being offered employment with the Company I may be requested to **submit to a drug test.** I understand that a positive test result will result in denial of employment. Further, I understand that as a condition of continued employment, I may be requested to submit to a drug test. I understand that a positive test result will result in discipline in accordance with the applicable policy on drugs and alcohol."

Signature of Applicant

Date

"I understand that after being offered employment with the Company **I may be requested to submit to a medical examination, including an alcohol test.** I understand that a positive test result on the alcohol test will result in denial of employment. Further, I understand that as a condition of continued employment, I may be requested to submit to an alcohol test. I understand that a positive test result will result in discipline in accordance with the applicable policy on drugs and alcohol."

Signature of Applicant

Date

"I understand that as a condition of employment with the Company I may be requested to take a job skills-related employment examination. In the event that I have a disability, which will affect my ability to take the test, I will so inform the Company prior to the administration of the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation concerning the need for accommodation."

Signature of Applicant

Date

"I understand that if employed, I am subject to the all policies and rules which are issued and the Company may revise policies and procedures, in whole or in part, at any time. I acknowledge my responsibility to abide by the Company policies and rules or any amendments thereto."

Signature of Applicant

Date

"Finally, I certify that I am genuinely interested in employment with the Company and that this application for employment has not been completed under false pretenses."

Signature of Applicant

Date