

# Application for Employment

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

<b>Position Applied for:</b>			
<b>How Did You Learn About Us?</b>			
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Advertisement	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number(s)</b>		<b>Social Security Number</b>	

Are you over the age of 18 years?  Yes  No  
(If no, you may be required to provide authorization to work.)

Have you ever filed an application with us before?  Yes  No  
 If yes, give date: \_\_\_\_\_

Have you ever been employed with this company before?  Yes  No  
 If yes, when/where: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Wage desired? \_\_\_\_\_

Are you legally eligible to be employed in the United States?  Yes  No  
(Proof of identity and eligibility will be required upon employment)

When are you available to begin work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  
 Days  Nights

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
Conviction will not necessarily disqualify an applicant from employment

If yes, please explain including dates and nature of conviction: \_\_\_\_\_

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**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Employment Experience

Begin with most recent employment [1] and continue with **all** past employment for past 10 years.

Attach additional sheets if necessary.

Please indicate if your name was different during employment \_\_\_\_\_

<b>Employer</b>		<b>Address</b>			
<b>Telephone Number(s)</b>		<b>Job Title</b>		<b>Supervisor</b>	
<b>Work Performed</b>					
<b>Reason for Leaving</b>					
<b>Dates</b>	<b>From:</b>	<b>To:</b>	<b>Hourly Rate</b>	<b>Starting:</b>	<b>Final:</b>
<b>Employed</b>			<b>Salary</b>	<b>Starting:</b>	<b>Final:</b>

Please indicate if your name was different during employment \_\_\_\_\_

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<b>Telephone Number(s)</b>		<b>Job Title</b>		<b>Supervisor</b>	
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<b>Employed</b>			<b>Salary</b>	<b>Starting:</b>	<b>Final:</b>

Please indicate if your name was different during employment \_\_\_\_\_

<b>Employer</b>		<b>Address</b>			
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<b>Employed</b>			<b>Salary</b>	<b>Starting:</b>	<b>Final:</b>

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<b>Employer</b>		<b>Address</b>			
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<b>Employed</b>			<b>Salary</b>	<b>Starting:</b>	<b>Final:</b>

**List professional, trade, business or civic activities and offices held.**

\*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:


**Education**

**High School**

Name of school	Location	Received:
		__ Diploma __ Other (specify) _____ __ None

Your name if different while attending school:

**College, University or Professional School**

Name of school	Location	Dates of Attendance (month/year)
Major/Minor Course of Study	Type of Degree Earned	

Your name if different while attending school:

Name of school	Location	Dates of Attendance (month/year)
Major/Minor Course of Study	Type of Degree Earned	

Your name if different while attending school:

Name of school	Location	Dates of Attendance (month/year)
Major/Minor Course of Study	Type of Degree Earned	

Your name if different while attending school:

**Indicate any foreign languages you can speak, read and/or write**

	Speak	Read	Write
Fluent			
Well			

To your knowledge, are any of your relatives employed by this company?

Yes

No

If yes, please list name and department: \_\_\_\_\_

# Additional Information

## Other Information

Summarize special job-related skills and qualifications acquired from employment. Please indicate any prior military training which you would like considered in connection with your application for employment.

## Specialized Skills

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Can you perform the essential functions of the position for which you are applying. (If you have any questions as to what functions are applicable to the position for which you are applying, please ask interviewer before you answer this question. \_\_\_\_\_ Yes \_\_\_\_\_ No

## References Give three individuals (not relatives or employers)

1.	_____	_____
	(Name)	Phone #
	_____	
	(Address)	
2.	_____	_____
	(Name)	Phone #
	_____	
	(Address)	
3.	_____	_____
	(Name)	Phone #
	_____	
	(Address)	

## **Applicant's Statement**

Please read before signing.

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the company, at any time, can constitute a contract of employment. I understand that the company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

\_\_\_\_\_  
**Signature of Applicant**

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

\_\_\_\_\_  
**Printed Full Name**