

# Employment Application



We are an Equal Opportunity Employer. All applicants are considered without regard to race, color, religion, disability, sex, national origin, age (for those age 40 or over), or any other basis protected by federal, state, or local law. This employment application is only active for 30 days. After this time a separate employment application must be submitted in order to be considered for employment.

## Personal Information

*please print clearly*

Date: \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How did you find out about this job?  Newspaper  Referral  Other \_\_\_\_\_

If hired, do you have a reliable means of transportation to get to work?  Yes  No What is it? \_\_\_\_\_

Minimum salary expected \_\_\_\_\_ Are you at least 18 years old?  Yes  No

If the job you are applying for requires driving: Driver's License No. \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are you legally eligible for employment in the U.S.?  Yes  No (Proof of U.S. citizenship or immigration status will be required if hired.)

Have you been convicted of a crime?  Yes  No If yes, state the nature of the offense and disposition of the case. Include dates and places.  
(NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

## Employment Data

Are you seeking:  Temporary  Full-time  Part-time What position(s) are you applying for? \_\_\_\_\_

What hours and shift(s) would you prefer to work? \_\_\_\_\_

What hours and shift(s) would you prefer not to work? \_\_\_\_\_

Please indicate any shift(s) you would not be available to work. \_\_\_\_\_

Are you willing to work overtime?  Yes  No Weekends?  Yes  No Holidays?  Yes  No

Are you currently employed?  Yes  No If hired, when would you be able to start? \_\_\_\_\_

Have you ever worked for this organization before?  Yes  No If yes, name used: \_\_\_\_\_

List any friends or relatives employed by this company: \_\_\_\_\_

Are you on layoff and subject to recall?  Yes  No

Have you ever been discharged or asked to resign from any position?  Yes  No If yes, please describe: \_\_\_\_\_

How many days have you missed from school or work in the last year other than approved vacation, sick, or disability leave? \_\_\_\_\_

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation?  Yes  No Please describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need: \_\_\_\_\_

Please describe: \_\_\_\_\_

## Education (Circle highest level attained.)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D

Name of School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_ Location of School: \_\_\_\_\_

If in high school, are you enrolled in a recognized co-op program?  Yes  No

If yes, identify program and school: \_\_\_\_\_

College: 1 2 3 4 5 6 7 8

Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_

Degree & Major: \_\_\_\_\_

Minor: \_\_\_\_\_

## Military Service

Are you a veteran?  Yes  No If yes, give dates of service: From \_\_\_\_\_ To \_\_\_\_\_

List any special skills or training: \_\_\_\_\_

**Work History** (Please list your last four employers. Begin with the most recent.)

1.	Company _____	Phone No. with Area Code ( _____ ) _____
	Address _____	City/State/Zip _____
	Dates of Employment: From _____ To _____	Salary: Beginning _____ Ending _____
	Job Title _____	Supervisor's Name & Title _____
	Describe duties briefly: _____	
	Specific reason for leaving: _____	
2.	Company _____	Phone No. with Area Code ( _____ ) _____
	Address _____	City/State/Zip _____
	Dates of Employment: From _____ To _____	Salary: Beginning _____ Ending _____
	Job Title _____	Supervisor's Name & Title _____
	Describe duties briefly: _____	
	Specific reason for leaving: _____	
3.	Company _____	Phone No. with Area Code ( _____ ) _____
	Address _____	City/State/Zip _____
	Dates of Employment: From _____ To _____	Salary: Beginning _____ Ending _____
	Job Title _____	Supervisor's Name & Title _____
	Describe duties briefly: _____	
	Specific reason for leaving: _____	

May we contact all of the employers listed above?  Yes  No If not, tell us which one(s) you do not wish us to contact and why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many jobs have you had in the last five years that are not listed above? \_\_\_\_\_

Why are you seeking a new position at this time? \_\_\_\_\_

List any business-related outside interests and organizations you're active in: \_\_\_\_\_

**Please read the following carefully, then sign and date the application.**

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician. **I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing.** I have read, understand, and agree to the above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Check over the foregoing application to make sure it is complete and signed.*