



Application For Employment

Application Date: _____

PLEASE USE BLUE OR BLACK INK ON THIS FORM

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, race, color, sex, religion, national origin, disability, or veteran status. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Name: _____ Social Security Number: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone Number: () _____ Are you 18 years of age or older? Yes No

Are You Legally Eligible to Work in the United States? Yes No

PROOF OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES WILL BE REQUIRED AFTER BEING HIRED.

EMPLOYMENT DESIRED

Position(s): _____

Type Desired: Full Time Part Time Date You Can Start? _____ Salary/Wage Desired: _____

Are You Employed Now? Yes No If Yes, May We Inquire of Your Present Employer? Yes No

Have You Ever Applied to this Company Before? Yes No If Yes, When? _____

Have You Ever Worked for this Company Before? Yes No If Yes, When? _____

Reason for Leaving: _____

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work: _____

Job-Related Training and Skills: _____

EMPLOYMENT RECORD List Each Job Held Starting with Your Present or Last Job. Attach a Separate Sheet if Necessary.

Company Name:	Starting Date (Month/Year):	Ending Date (Month/Year):
Company Address:	Starting Salary/Wage:	Ending Salary/Wage:
Name and Title of Supervisor:		Telephone Number: ()

Job Titles and Duties

Reason for Leaving:

Company Name:	Starting Date (Month/Year):	Ending Date (Month/Year):
Company Address:	Starting Salary/Wage:	Ending Salary/Wage:
Name and Title of Supervisor:		Telephone Number: ()

Job Titles and Duties

Reason for Leaving:

Company Name:	Starting Date (Month/Year):	Ending Date (Month/Year):
Company Address:	Starting Salary/Wage:	Ending Salary/Wage:
Name and Title of Supervisor:		Telephone Number: ()

Job Titles and Duties

Reason for Leaving:

REFERENCES List the Names of Three People Who You Have Known at Least One Year. (DO NOT LIST RELATIVES.)

Name	Address	Telephone Number	Occupation
		()	
		()	
		()	

OTHER

Have You Been Convicted or plead guilty to a Felony or Misdemeanor within the Last 5 Years? Yes No

Describe:

YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.

AUTHORIZATION

"I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my employers, former employers, and references to disclose information regarding my employment and character to the Company, without giving me prior notice of such disclosure. I release the Company, any employers, former employers, and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies, and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time."

Date: _____ Signature: _____