



## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. PLEASE COMPLETE ALL FIELDS, print and sign on last page of application. In reading and answering the following questions, be aware that the questions are not intended to imply illegal preferences or discrimination based upon non-job-related information.

GENERAL INFORMATION			
Position applied for:		Today's date:	
Are you seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date available to start work?			
Last Name	First Name	Middle Initial	Telephone (Home) (Mobile/Cell)
Current Street Address			
City		State	Zip Code
Are you 18 yrs. of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you are hired, you may be required to provide authorization to work).		If hired, can you furnish proof you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	
Were you ever employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	
Have you ever been convicted, plead guilty or no contest of a crime other than a minor traffic offense? (Note: A conviction will not automatically disqualify you for employment) <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, give details:			
Have you worked or attended school under any other name: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give other names:			

EDUCATIONAL BACKGROUND			
<b>Starting with your most recent school attended, provide the following information:</b>			
School (Include City & State)	Years Completed	Completed	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
What skills or additional training do you have that are related to the job for which you are applying?			
What machines or equipment can you operate that are related to the job for which you are applying?			
List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)			

## EMPLOYMENT HISTORY

**List names of employers in consecutive order with present or most recent listed first:**

Employer	Telephone #	Dates employed: _____ to _____	
		<b>Compensation (Starting)</b>	
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary   \$ _____
Street Address	Commission/Bonus/Other Compensation		
		<b>Compensation (Final)</b>	
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary   \$ _____
Starting job title/final job title	Commission/Bonus/Other Compensation		
Immediate supervisor and title (for most recent position held).			
Why did you leave? Was your resignation voluntary or involuntary?			
Summarize the type of work performed and job responsibilities.			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Telephone #	Dates employed: _____ to _____	
		<b>Compensation (Starting)</b>	
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary   \$ _____
Street Address	Commission/Bonus/Other Compensation		
		<b>Compensation (Final)</b>	
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary   \$ _____
Starting job title/final job title	Commission/Bonus/Other Compensation		
Immediate supervisor and title (for most recent position held).			
Why did you leave? Was your resignation voluntary or involuntary?			
Summarize the type of work performed and job responsibilities.			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Telephone #	Dates employed: _____ to _____	
		<b>Compensation (Starting)</b>	
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary   \$ _____
Street Address	Commission/Bonus/Other Compensation		
		<b>Compensation (Final)</b>	
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary   \$ _____
Starting job title/final job title	Commission/Bonus/Other Compensation		
Immediate supervisor and title (for most recent position held).			
Why did you leave? Was your resignation voluntary or involuntary?			
Summarize the type of work performed and job responsibilities.			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**For Driving Jobs only:** Do you have a valid driver's license?     Yes     No    Class of license: \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last three years?     Yes     No    If yes, please give details: \_\_\_\_\_

## REFERENCES

*List three business/work references that are not listed on the previous page.*

Name	Title	Business/Work Relationship	Telephone	Number of Years Known

### **PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

- I certify all information provided in this employment application is true and complete.
- I understand any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.
- I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations names in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.
- I understand if I am extended an offer of employment, it may be contingent upon my successfully passing a complete pre-employment physical, drug screening, background and reference check. I hereby consent to any or all of these pre-employment test/screen/checks as a condition of employment, if required. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT SHOULD I BE HIRED IT IS AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

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

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

*This application for employment will remain active for a limited time.*