

# APPLICATION FOR EMPLOYMENT

**THIS APPLICATION IS GOOD FOR 60 DAYS.**

**IF YOU HAVE A DISABILITY REQUIRING SOME FORM ACCOMMODATION IN ORDER TO COMPLETE THE APPLICATION PROCESS OR TO TAKE ANY PRE-EMPLOYMENT TESTS WHICH MAY BE GIVEN, YOU MAY VOLUNTARILY IDENTIFY IN THE SPACE BELOW THE TYPE OF ACCOMMODATION NECESSARY**

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination, as provided under applicable state and federal law.

PLEASE PRINT Date of Application \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_

Referral Source: Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Walk-In \_\_\_\_\_ Employment Agency \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_

Number Street City State Zip Code

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Have you filed an application here before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Are you legally eligible for employment in this country?  Yes  No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

On what date would you be available for work? \_\_\_\_\_ Expected salary: \_\_\_\_\_

Are you available to work:  Full-Time  Part-Time  Temporary What days? S M T W T F S

Are you on lay-off and subject to recall?  Yes  No Shift? \_\_\_\_\_

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime, in this state or any other state?  Yes  No

If yes, please explain \_\_\_\_\_

Veteran of the U.S. Military Service?  Yes  No If Yes, Branch \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex or national origin): \_\_\_\_\_

Give name, address and telephone number of three references who are not related to you and are not previous employers.

**EDUCATION**

Please list education or specialized experience which relates to the position(s) for which you are applying. Exclude names or terms which indicate, for example, race, color, religion, sex, disability or national origin.

School Name	High School	College/University	Graduate/Professional
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study:			
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities			

Honors received: \_\_\_\_\_

Special Skills and Qualifications, including those acquired from employment or other experience: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate, for example, race, color, religion, sex, disability or national origin.

Employer ( )	Telephone ( )	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

  

Employer ( )	Telephone ( )	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

  

Employer ( )	Telephone ( )	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

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

-----  
**APPLICANT'S STATEMENT**  
 -----

“These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or my immediate discharge if I am hired, regardless of when discovered.”

**“I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the company is terminable-at-will so that both the company and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing.”**

“I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability which might result from making such investigation.”

“Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.”

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

\_\_\_\_\_  
 Date