

EMPLOYMENT APPLICATION

Instructions

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

- 1) Please read "Applicant Note" below
- 2) Complete all pages in the application
- 3) If more space is needed to complete any question, use the Comments section at the bottom of this page
- 4) Print clearly: incomplete or illegible applications will not be processed. Please note "Not Applicable" if not answering a questions

<input type="text"/>	<input type="text"/>
Today's Date	Social Security #

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name

<input type="text"/>	<input type="text"/>
Home Phone	Work Phone

Current Address:

<input type="text"/>
Street

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

Applicant Note:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientations, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be examined by a medical professional designated by the company.

Availability

For which position are you applying?

What category would you prefer?

When can you start?

Full-Time Part-Time/Temporary

Job-Related Skills

Note: Do not fill out any part of this section you believe to be not job-related.

Yes No If the job requires, do you have the appropriate valid driver's license?

Name on license DL# State of Issue

Yes No Have you had any moving violations? Please describe:

Please list any other skills, licenses or certificates that may be job-related or that would be of value to this job/company.

Yes No Have you been given a job description or had the essential functions of the job explained to you?

Yes No Do you understand these essential functions?

Yes No Can you perform the essential functions of this job with or without reasonable accommodation?

List languages in which you are fluent:

Security

Yes No Have you used any names or Social Security Numbers other than given above? If so, please list in comments on the next page.

Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below (conviction will not necessarily be a bar to employment). In accordance with company policy and applicable state & federal laws, factors such as age at time of the offense, remoteness of offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.

Security (continued)

INCIDENT	CITY/STATE	CHARGE

COMMENTS:

Previous Employers

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers are critical. Ask for a phone book or call information if necessary.

Most Recent Employer

Are you currently working for this employer? Yes No Phone Fax

If yes, may we contact? Yes No

Company City State

From: To:
Date Employed Job Title Supervisor Name

Duties

Per:
Salary (Hour, Week, Month) Reason for Leaving

Second Most Recent

Are you currently working for this employer? Yes No Phone Fax

If yes, may we contact? Yes No

Company City State

From: To:
Date Employed Job Title Supervisor Name

Duties

Per:
Salary (Hour, Week, Month) Reason for Leaving

Third Most Recent

Are you currently working for this employer? Yes No Phone Fax

If yes, may we contact? Yes No

Company City State

From: To: Job Title Supervisor Name

Duties

Salary Per: Reason for Leaving
(Hour, Week, Month)

References

Include only individuals familiar with your work ability. Do not include relatives.

Name	Address & Phone	Years Known/Relationship

Education

NOTE: Do not fill out any part of this section you believe to be non job-related. Please include the highest grade completed and note if school records are under a different name than listed on page 1. Please include the name.

	Name	City/State	Graduate?	Degree
High School				
College				
Other				

Certification and Release

I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing information, omissions or interpretations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature

Date

If you are submitting this form by email, please check this box as an indicator of your consent/signature to the above.