



# APPLICATION FOR EMPLOYMENT

## AN EQUAL OPPORTUNITY EMPLOYER

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

### GENERAL

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary  employment? When could you start work? \_\_\_\_\_

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

Present Street Address \_\_\_\_\_ (Apt) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_ Email \_\_\_\_\_

Are you 18 years of age or older? ..... Yes  No   
(If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.? ..... Yes  No

Have you ever applied here before? Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation?  
Include any plea of "guilty" or "no contest." (Exclude minor traffic violations.) ..... Yes  No

If yes, give details \_\_\_\_\_  
(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business  
or employment outside of our job? ..... Yes  No

If yes, give details \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? ..... Yes  No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? ..... Yes  No

If yes, give details: \_\_\_\_\_

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.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

Name and Location	Number of Years Completed	Diploma/Degree/Certificate	Major/Subject of Study
High School			
College or University			
Vocational or Technical			

What skills or additional training do you have that relate to the job for which you are applying? \_\_\_\_\_

What machines or equipment can you operate that relate to the job for which you are applying? \_\_\_\_\_

## WORK HISTORY

List employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note:** A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Responsibilities/Duties: \_\_\_\_\_  
 Supervisor(s): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_ Salary: From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

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 Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Responsibilities/Duties: \_\_\_\_\_  
 Supervisor(s): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_ Salary: From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

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 Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Responsibilities/Duties: \_\_\_\_\_  
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 Reason for leaving: \_\_\_\_\_ Salary: From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

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 Responsibilities/Duties: \_\_\_\_\_  
 Supervisor(s): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_ Salary: From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

**REFERENCES**

Have you worked or attended school under any other names?.....Yes  No

If yes, give names: \_\_\_\_\_

Are you presently employed?.....Yes  No

If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign?.....Yes  No

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

Give three (3) references, not relatives or former employers.

Name	Address	Phone Number	Years Known

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that 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. I also authorize, whether listed or not, any person, school current employer, pas employers and organizations 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 I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. 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 THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT FOES NOT CREATE AND EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON 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. Ask the organization's representative for details.