



# APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer: Our company does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other status protected under applicable law.

## GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other Telephone ( ) -	

## POSITION DESIRED

Position Or Type Of Employment Desired	<b>Will Accept:</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<b>Shift:</b> <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

## PERSONAL INFORMATION

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have reliable transportation to get to work each day? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain?		
To your knowledge, have you ever been employed by this Company or a subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?		
When?	Position?	Reason for leaving?
Names and relationships of relatives or acquaintances employed by this Company?		
Referral Source:	<input type="checkbox"/> Walk-In <input type="checkbox"/> Job Service <input type="checkbox"/> Advertisement	
	<input type="checkbox"/> Employee Referral (if so, name of employee) <input type="checkbox"/> Other (please specify)	

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, list the highest grade completed

### College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hrs.	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Languages Read, Written or Spoken Fluently Other Than English			

## BACKGROUND

Have you ever been convicted of, or pled guilty or "no contest" (nolo contendere) to, a misdemeanor or felony? (do not include minor traffic infractions for which you never appeared in court, offenses which were dismissed or discharged after completion of successful probation, and convictions or pleas which have been deemed sealed, annulled, or expunged by law)?  Yes  No

If yes, give the date(s) and details of the arrest or charge and any other circumstances you deem relevant to a full understanding of what occurred (attach additional sheets if necessary).

NOTE: Answering "Yes" to this question is not an automatic bar to employment. Factors such as age at the time of the offense, seriousness, and nature of the violation, relatedness to the job sought, the amount of time which has passed since the event occurred, and evidence of rehabilitation will be taken into account. However, please be advised that a misstatement or omission in answering this question may be grounds for disciplinary action, including discharge.

Have you ever been arrested or charged with any misdemeanor or felony not disclosed above for which you are out on bail or free on your own recognizance pending disposition or trial? (again, do not include minor traffic infractions for which court appearances are not necessary)?  Yes  No

If yes, give the date(s) and details of the arrest or charge and any other circumstances you deem relevant to a full understanding of what occurred (attach additional sheets if necessary).

NOTE: Answering "Yes" to this question is not an automatic bar to employment. We will consider whether the circumstances of the arrest or charge substantially relate to the circumstances of the particular job sought, and other considerations allowed by law. Again, please be advised that a misstatement or omission in answering this question may be grounds for disciplinary action, including discharge.

Have you ever been sued in a civil action with regard to the death or personal injury or intentional damage to any person or to any property?  Yes  No

If yes, give details concerning the nature of the claims and defenses raised by the parties, the outcome of the action (e.g., settlement, jury verdict, or other disposition), and any other circumstances you deem relevant to a full understanding of what occurred (attach additional sheets if necessary).

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

Are you currently engaged in using illegal drugs?  Yes  No

## VETERAN INFORMATION (Most recent)

Branch of Service

Date of Entry

Date of Discharge

## SPECIAL SKILLS

Do you have any job skills or qualifications that may be relevant to the position for which you are applying? If so, please describe:

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
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Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

Have you ever been dismissed or asked to resign from employment?  Yes  No

If yes, provide a brief explanation, including the name of the employer, approximate date, and any relevant circumstances.

## REFERENCES

Please list the names, addresses, and phone numbers of five people who are not related to you and who are not former employers:

Name	Occupation	Address	Phone

## UNDERSTANDINGS AND AGREEMENTS

I understand that any misrepresentation, falsification or omission of this application shall be sufficient reason for refusal to hire or, if discovered after employment has begun, dismissal of my employment. I hereby authorize investigation of all matters contained in this application and agree that if the results of such investigation are not satisfactory, or any offer of employment may be withdrawn, or, if applicable, my employment may be terminated immediately. I agree to conform to and adhere to the rules and regulations governing my employment. Further, I understand and agree that this application and any other materials I may receive are not intended to be, nor shall be construed to be a contract of employment, and that my employment and compensation may terminate, with or without cause, and with or without notice, at any time, at the option of either myself or my employer.

In consideration of any offer of employment, I hereby acknowledge, understand and agree that the following will constitute terms and conditions of any such employment.

Any losses or expenses incurred by my employer, its clientele, or other third parties as a result of my unauthorized actions shall be immediately reimbursed to my employer on terms that are satisfactory and acceptable to my employer. To the extent permitted by law, I agree and hereby authorize my employer to reduce my wages for any sums owing by me hereunder.

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