



EMPLOYMENT APPLICATION

Today's Date: _____

Name: _____ SSN: _____
Last First Middle

Address: _____ Phone () _____
Number & Street City State Zip Code

Prior Address: _____
Number & Street City State Zip Code

Applicant Note: This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. If an employment relationship is entered into, it is voluntarily and acknowledged that there is no specified length of employment. Accordingly, the relationship can be terminated at will, with or without notice.

Please answer all appropriate questions completely. False or misleading statements during the interview or 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 due to gender, marital status, race, age, creed, national origin, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of illegal drugs and/or alcohol 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 to the job you may be required to complete a medical history form and may be required to be examined by a medical professional by the company.

Availability Position applied for _____ Date Available _____
 Preference: Full-Time ___ Part-Time ___ Temporary ___ Weekdays ___ Weekends ___ Evenings ___
 Nights ___ Overtime ___ Shift ___ Other _____

Education Please circle the highest grade completed: 7 8 9 10 11 12 13 14 16 16+

High School _____
Name City & State Dates Graduate?

College _____
Name City & State Dates Graduate?

Other _____
Name City & State Dates Graduate?

Security List states and counties of residence for the past 7 years _____

Yes No Have you used any names or social security numbers other than those noted above? _____

Yes No Have you been convicted of a felony and/or served time in the past seven years? If yes, please describe below. (In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.)

Job Related Skills Note: Do not fill out any section you believe to be non-job related.

List all languages in which you are fluent _____

Yes No If the job requires, do you have a valid, appropriate drivers license?
 DL# _____ Type _____ State _____

Yes No Do you have any moving violations in the past seven years?
 If yes, please describe _____

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

Yes No Have you been given a job description or had the requirements of the job explained?

Yes No Do you understand these requirements?

Yes No Do you have any limitations which will prevent you from doing the job described?

Yes No Can you perform the duties of the job with or without reasonable accommodation?

Employment References

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 of past employers are critical.

Current or Most Recent Employer

Yes No Are you currently working for this employer?
Yes No If yes, may we contact?

Company Name City State (_____) Phone Number

From _____ To _____
Dates Employed Job Title Supervisors Name

Duties with this employer

Salary PER (Hr, Week, Mo) Reason for leaving

Second Most Recent Employer

Company Name City State (_____) Phone Number

From _____ To _____
Dates Employed Job Title Supervisors Name

Duties with this employer

Salary PER (Hr, Week, Mo) Reason for leaving

Third Most Recent Employer

Company Name City State (_____) Phone Number

From _____ To _____
Dates Employed Job Title Supervisors Name

Duties with this employer

Salary PER (Hr, Week, Mo) Reason for leaving

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

Name Address/phone Years Known Relationship

Name Address/phone Years Known Relationship

CERTIFICATION AND RELEASE

I certify that I have read the application note on page one (1) of this application and that the answers given by me to the foregoing questions are that the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions and misrepresentations of facts for this application 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 including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities form any liability for any damages 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 _____