

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of non-job-related medical conditions or disabilities or any other legally protected state.

APPLICANT INFORMATION

Name: _____ Date: ____/____/____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: (____) _____ - _____ Email: _____

Social Security Number: _____ - _____ - _____

Are you either a U.S. citizen or legally eligible to hold employment in the U.S.? ☐ Yes ☐ No

Are you 18 years of age or older? ☐ Yes ☐ No Date Of Birth: ____/____/____

How did you hear about our company? _____

EMPLOYMENT INFORMATION

Position Applied For: _____

Date Available: _____ Lowest Acceptable Wage: \$ _____ ☐ Hour ☐ Salary

Employment Desired: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Days ☐ Evenings ☐ Weekends ☐ All

Availability (List hours and days)

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Are you physically capable of performing the duties of this job as assigned? ☐ Yes ☐ No

Do you have adequate transportation to and from work? ☐ Yes ☐ No

ADDITIONAL INFORMATION

Military Service? ☐ Yes ☐ No If yes, give date and type of discharge? _____

Have you ever been terminated or asked to resign from any job? ☐ Yes ☐ No

If yes, please explain: _____

EDUCATION

Type of School	Name and Address of School	Diploma/ Degree	Major
High School	Name:	<input type="checkbox"/> Yes	
	Address:	<input type="checkbox"/> No	
College	Name:	<input type="checkbox"/> Yes	
	Address:	<input type="checkbox"/> No	
Technical, Trade, Grad School or Other	Name:	<input type="checkbox"/> Yes	
	Address:	<input type="checkbox"/> No	

Street

City

State

Zip

WORK EXPERIENCE

List all former and current employers in reverse order. Give present or most recent employer first. Include any periods of unemployment, self-employment, military service, etc. Information provided is subject to verification. Attach additional sheets if necessary. May we contact your present employer? ☐ Yes ☐ No

- (1) Company Name: _____ Position/Title: _____
Address: _____ City: _____ State: _____ ZIP: _____
Dates Employed: From ____/____/____ to ____/____/____
Supervisor's Name: _____ Title: _____ Phone Number _____
Responsibilities: _____
Reason for Leaving: _____
If time elapsed between positions, please explain: _____
- (2) Company Name: _____ Position/Title: _____
Address: _____ City: _____ State: _____ ZIP: _____
Dates Employed: From ____/____/____ to ____/____/____
Supervisor's Name: _____ Title: _____ Phone Number _____
Responsibilities: _____
Reason for Leaving: _____
If time elapsed between positions, please explain: _____
- (3) Company Name: _____ Position/Title: _____
Address: _____ City: _____ State: _____ ZIP: _____
Dates Employed: From ____/____/____ to ____/____/____
Supervisor's Name: _____ Title: _____ Phone Number _____
Responsibilities: _____
Reason for Leaving: _____
If time elapsed between positions, please explain: _____

AUTHORIZATION AND ACKNOWLEDGEMENT

I hereby certify, to the best of my knowledge, that the answers given are true and complete. I also understand that an omission or falsification may disqualify me from consideration for employment or may be grounds for my immediate dismissal. I agree to conform to the rules and regulations of the company and, if employed, I understand and agree that my employment is at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause and without advance notice at the option of either the company or myself.

I understand that no supervisor, manager or other representative of the company has any authority to enter into any express or implied contract for employment for any specific period of time. Any agreement contrary to the above must be in writing and expressly state that it is a contract and be signed by the authorized representative of the company. I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position will prevent my employment with the company. I also understand that employment, for certain positions, is conditional upon successful completion of a substance abuse screening test as part of the company's pre-employment policy.

Applicant's Signature

Date