



Employment Application

Applicant instructions:

If you need help to fill 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.

Applicant note: This application form is intended for use in evaluating you qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. Any false or misleading statement on this application or during employment will be grounds for termination. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Qualified applicants may request affirmative action hiring. Additional testing of job-related skills and for the presences of drugs in your body may be required prior to employment.

After an offer of employment, and prior to reporting to work, you are 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 required to be examined by a medical professional designated by the company.

Name: _____

Social Security Number: _____

Home Phone: _____

Current Address: _____

Do you have any relatives that work here? If so, who? _____

Have you worked here before? _____

For what position are you applying for? _____

What Date can you start? _____

What category do you prefer? Full Time Part Time Temporary

What schedule are you available? Weekdays Weekends Nights

Education:

High School: _____

Highest-grade completed _____ Graduate? Yes No

College: _____

Graduate? Yes No

Other: _____

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

Have you used any names or Social Security numbers other than those on this page? If so, please list: _____

Have you been convicted of a felony and/or served time in the past? If so, please describe below. (In accordance with company policy this information will be reviewed for job relatedness and time since last conviction). _____

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

DL# _____ Type _____ State _____

Have you had any moving violations? Yes No Describe _____

Employment References

You're application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employer, the correct telephone numbers of past employers are critical.

Most Recent Employer

Are you currently working for this employer? Yes No

If yes, may we contact? Yes No

Company Name: _____

Address & Phone Number: _____

Dates Employed: _____ Job Title _____

Supervisor _____ Job Duties _____

Salary _____ Reason for leaving _____

Second most recent employer

Company Name: _____

Address & Phone Number: _____

Dates Employed: _____ Job Title _____

Supervisor _____ Job Duties _____

Salary _____ Reason for leaving _____

Third most recent employer

Company Name: _____

Address & Phone Number: _____

Dates Employed: _____ Job Title _____

Supervisor _____ Job Duties _____

Salary _____ Reason for leaving _____

References: Include only individuals that are familiar with your work ability. Do not include relatives or friends.

Name & Telephone Number

1. _____

2. _____

Certification Release: I certify that I have read and understand the applicant note on page one of this form and that answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge 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 from 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 requites, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature: _____