



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Please answer all questions. Resumes are not accepted in lieu of completion of this application.

Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however we ask that you answer all questions. This application is valid for only 90 days.

Name **Social Security Number**

First Name Middle Name Last Name

Address

Street Address City State Zip Code

Phone **Email**

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Are you over the age of 18? Yes No **Position Applying For:**

Educational Data

School	Print Name & Address for Each School	Years Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade or Vocational School				
Other				

Other Skills - List any other job-related skills or qualifications that support your application:

Honors Received:

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used? If yes, identify names and relevant dates below.

Yes No

Have you had prior educational experience, which relates to the job for which you are applying? If yes, please describe:

Yes No

<p>Are you a veteran of the U.S. Military Service? Yes No</p> <p>If yes, what branch of Service and dates of active duty?</p> <p>Dates of Active Duty- Beginning: Ending:</p> <p>Date of Discharge from Military Service:</p>
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Have you ever been convicted of a felony? If yes, please give dates and explain, attach a separate paper if needed. A conviction will not necessarily disqualify you from employment.

Yes No

Have you ever been dismissed or forced to resign from any employment? If yes, please explain.

Yes No

Have you ever been disciplined or fired for insubordination? If yes, please explain.

Yes No

Have you ever been disciplined or discharged for violating a safety rule? If yes, please explain.

Yes No

Have you ever been disciplined or fired for fighting, assault or similar offences? If yes, please explain.

Yes No

Emergency Contact			
Name	Relationship	Phone Number	
Address	City	State	Zip Code

Do you have transportation to work? Yes No **Will you work over time if asked?** Yes No

Are there any hours, shifts or days you will not work? If yes, please explain.

Yes No

Do you have any friends or relatives who work here?		Yes	No
Name	Relationship		
Name	Relationship		

Spouses Contact

Name	Address	Where are they employed?
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Are you currently employed? Yes No

Were you laid off? Yes No **Are you subject to recall?** Yes No

May we contact your present Employer? Yes No **Previous Employer?** Yes No

Please identify any exceptions and reasons for not contacting prior employers:

Character References

List three persons not related to you, whom you have known at least one year.

Name	Address &/OR Phone Number	Occupation
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Name	Address &/OR Phone Number	Occupation
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Name	Address &/OR Phone Number	Occupation
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Have you ever filled out an application here before? If yes, list date. Yes No Date:

Have you ever been employed here before? If yes, list date. Yes No Date:

List below any other information or remarks that you wish to have considered as a part of your application for employment.

Employment Experience

ALL FORMER JOBS (List most recent job first.) Account for all time periods including unemployment, self -employment and military service. (Attach separate paper(s), if necessary.)

Employer	Dates Employed (From/To)	Immediate Supervisor	
Address	City	State	Zip Code
Job Title	Hourly Rate/Salary (Starting/Final)	Phone Number	
Work Performed			
Reason for Leaving			

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Reason for Leaving			

NOTICE TO APPLICANTS: This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information provided in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in law or Employer policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any other personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as the other Employer policies and practices, are subject to change or modification by the employer, solely at its discretions, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug and alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood tests or urinalysis screening for drug or alcohol use.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

Signature:

Date:

By adding your name to the signature line you agree that you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this application. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature. You are also confirming that you are the person authorized to sign this application and you are the applicant.

This Employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability or marital status. We assure you that your opportunity for employment with this Employer depends solely upon you qualifications.

***For office use only**

Interviewed By:

Date:

Job Offer:

Starting Salary:

Comments: