



APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity

Our company is an Equal Opportunity Employer. All qualified applicants will be considered for positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a physical or mental disability that is not job-related. Applicants are evaluated on the basis of ability, experience, and the requirements of the job. We will make reasonable efforts to accommodate physical or mental limitations of qualified applicants. Please notify the company if you require a reasonable accommodation during the interview process. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Please print and answer all questions thoroughly.

Application Date: _____ Position you are seeking: _____

How did you hear about this position? _____

Personal Information

Full Legal Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone (Home): _____ Social Security #: _____

Phone (Other): _____ Email: _____

Employment Desired

Expected Salary or Wage: \$ _____ per hour Date Available for Work: _____

Desired Hours: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Available to Work Overtime? Yes No Available to Travel Without Restriction? Yes No

Available to Work Nights? Yes No Available to Work Weekends? Yes No

Type of Employment Sought: Full Time Part Time Temporary Seasonal Internship/Volunteer

Check all applicable. If your availability does not match the job posting, you may not be considered for the position.

- If hired, would you be able to present proof of your legal right to work in the United States? Yes No
- Are you able to perform the essential functions of the job, with or without accommodation? Yes No
- Have you previously been employed with this company? Yes No
If yes, please provide the date of your employment and position: _____

- Do you have any friends, relatives, or acquaintances working for the Company? Yes No
If yes, state name and relationship: _____

Having friends or relatives at this company will not enhance or diminish your opportunity for employment.

- If hired, do you have a reliable means of transportation to work? Yes No
- If hired, would you be willing to submit to and pass controlled substance test(s)? Yes No
- Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Yes No

● Employment History

List all present and past employers, starting with your most recent employer.

Employer:	Telephone:	Dates Employed	
		From	To
Address:			
Job Title:		Compensation	
Immediate Supervisor:		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
Reason for Leaving:		Starting	Final
		\$	\$
Describe Duties and Responsibilities:			

Employer:	Telephone:	Dates Employed	
		From	To
Address:			
Job Title:		Compensation	
Immediate Supervisor:		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
Reason for Leaving:		Starting	Final
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Reason for Leaving:		Starting	Final
		\$	\$
Describe Duties and Responsibilities:			

Education & Training

	NAME	CITY/STATE	COURSE OF STUDY	YEARS COMPLETED	TYPE OF DEGREE
HIGH SCHOOL					
UNDERGRADUATE COLLEGE					
GRADUATE/ PROFESSIONAL					
OTHER					

List any certification, training, or other education not listed above that may help you qualify for this position:

Rate your skill level in the following areas:

Word Processing	<input type="checkbox"/> None	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	Years of Experience:
Spreadsheet	<input type="checkbox"/> None	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	Years of Experience:
Internet	<input type="checkbox"/> None	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	Years of Experience:
E-mail	<input type="checkbox"/> None	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	Years of Experience:

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years.

Name: _____ Occupation: _____

Relationship to You: _____

Company: _____ Phone #: _____

Address: _____

Name: _____ Occupation: _____

Relationship to You: _____

Company: _____ Phone #: _____

Address: _____

Name: _____ Occupation: _____

Relationship to You: _____

Company: _____ Phone #: _____

Address: _____

May we contact your current employer? Yes No

Please list any employer or person provided on this application that you do not authorize us to contact:

Agreement & Authorization

Please read the following statements. Initial each paragraph and sign below.

I certify that the answers given herein are accurate and true to the best of my knowledge. In the event of my employment, I understand and agree that false or misleading information given in my application or interview(s) may result in discharge. *Initial:* _____

I understand that this application is for informational purposes only and does not constitute an offer of employment or an employment contract. If an employment relationship is later established, I understand my right to resign at anytime for any reason. I also understand that this company may also terminate my employment at any time, for any reason not prohibited by law. *Initial:* _____

I understand that if I am offered a position with this company, I will be subject to a criminal background investigation. My employment will be conditional on successful completion of the background check. No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the time that has passed since the offense and/or completion of the sentence, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered, and may be disqualifying. *Initial:* _____

I authorize _____ to inquire and investigate into my
(Company Name)
employment, educational, professional, and criminal background as needed to verify the information on this application and research my qualifications for this position. Unless specifically stated in this application, this company may contact all Employers and References that I have provided in order to obtain this information. I hereby release

_____ from all liability that might
(Company Name)
otherwise result from such investigations into my background. *Initial:* _____

I understand that if I am offered a position with this company, I will be required to complete a drug and alcohol/controlled substances test. I understand that successful completion of such test(s) are required as a condition of my employment, and that all test results will remain confidential. *Initial:* _____

I hereby acknowledge that I have read and agree to the above statements.

Signature or Applicant

Date

