



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Please Print

Date _____ Last Name _____ First Name _____ MI _____

Present Address _____ Approximately how long have you lived here? ____ years ____ months

No. & Street _____ City _____ State _____ Zip _____

Permanent Address (If different than current address)

No. & Street _____ City _____ State _____ Zip _____

_____ / _____

Cell Phone (If Applicable) _____ Home Phone (If Applicable) _____

Email Address (If applicable) : _____ May we contact you via email? _____

Position applying for: _____

Starting salary desired _____ Salary desired _____

Have you ever applied to or worked for this employer before?

Yes No If yes, when? _____

Do you have any friends or relatives working at our company? Yes No

If yes, state name(s) and relationship:

Name	Relationship
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If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

This next question is necessary for the specific position for which you are applying. No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. Factors considered regarding the offense: Date, nature, surrounding circumstances, and relevance to position. Criminal history information will be maintained confidentially.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

Work Availability

Are you willing to work swing shifts? Yes No

Are you willing to work graveyard hours? Yes No

Are you willing to work weekend shifts, including Saturdays and/or Sundays? Yes No

List days/times you are available for work:

Skills/Abilities

List any special skills/abilities that may make your suitable for the position for which you are applying:

Education, Training and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
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High School	_____ Name _____ City State _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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College/ University	_____ Name _____ City State _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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Vocational/ Business	_____ Name _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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Other Formal Training	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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Employment History

List below all present and past employment starting with your most recent employer (5 years is sufficient but you may include more if desired). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment

From

To

Pay History

Dollars

Per (check one)

____Hour ____Week

____Month

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment

From

To

Pay History

Dollars

Per (check one)

____Hour ____Week

____Month

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Note: If additional pages are needed to list 5 or more years of employment please request them and include. .

Employment History-Continued

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment

From

To

Pay History

Dollars

Per (check one)

____Hour ____Week

____Month

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment

From

To

Pay History

Dollars

Per (check one)

____Hour ____Week

____Month

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Note: If additional pages are needed to list 5 or more years of employment please request them and include. .

References

List below three persons not related to you who have knowledge of your work performance within the last three to five years. Please include best number to reach this person.

First Name Last Name Telephone No.

Address & Street City State Zip

Occupation No. of Years Acquainted

First Name Last Name Telephone No.

Address & Street City State Zip

Occupation No. of Years Acquainted

First Name Last Name Telephone No.

Address & Street City State Zip

Occupation No. of Years Acquainted

Applicant's Comments:

Please explain below in a few sentences why you think you would be the best candidate for the position:

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize this employer (or a designated agent used by this employer) to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release this employer or affiliates or agents thereof and my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and this employer or affiliates. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or this employer or affiliates and that no promises or representations contrary to the foregoing are binding on this employer affiliates unless made in writing and signed by me and this employer and/or affiliate's designated representative.

Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by this employer or affiliates I am entitled to copies of any such public records obtained by this employer or affiliates unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above (if applicable)

Date

Applicant's Signature