APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Position Applied For: _____ **Referral Source:** _____

Name: _____ **E-Mail Address:**_____
First Last M.I.

Address: _____ **Phone:** (_____) _____
Street City State Zip

Are you at least 18 years of age? ❒ Yes ❒ No

Are legally authorized to work in the U.S.? ❒ Yes ❒ No

Date you are able to start work: _____

May we contact your current employer? ❒ Yes ❒ No

Are you on layoff status or subject to recall elsewhere? ❒ Yes ❒ No

Do you wish to work: ❒ Full-time ❒ Part-time ❒ Temporary

Are you willing and available to work? ❒ On call
❒ Days ❒ Evenings ❒ Nights
❒ Overtime ❒ Weekends ❒ Holidays

If applying for a job that requires one, do you have a valid driver's license? ❒ Yes ❒ No

Have you previously applied or worked with us? ❒ Yes ❒ No

When _____

Are any of your records under a different name? ❒ Yes ❒ No

If so, what name _____

Do you have any relatives working for us? ❒ Yes ❒ No

If so, who? _____

Is there any reason you might be unable to meet our attendance requirements? ❒ Yes ❒ No

If yes, please explain _____

_____

Salary Desired _____

EDUCATION/ TRAINING	Name and Location of School	Did You Graduate ?	Subjects Studied
High School			
College			
Other Training (particularly that led to license or certification)			

Are you taking or do you plan to take any additional education? If so, what? _____

_____

SKILLS / ABILITIES:

List any software or machines you are skilled in using: _____

_____

List any skills or abilities you have which are pertinent to the position, including hobbies or related interests: _____

_____

JOB REQUIREMENTS

Will you be able to perform the essential functions of the job, with or without reasonable accommodation? ❒ Yes ❒ No

PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

Present or Last Employer:

Address: Phone: ( )

Start Date: Leaving Date: Supervisor:

Job Title & Duties:

Why Did You Leave?

Previous Employer:

Address: Phone: ( )

Start Date: Leaving Date: Supervisor:

Job Title & Duties:

Why Did You Leave?

Previous Employer:

Address: Phone: ( )

Why Did You Leave?

PERSONAL REFERENCE

Name: Phone: ( )

Address:

Occupation: How Long Known:

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION

1. As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the successful passing of a physical.
2. **I CERTIFY** that the facts contained in this application are true and complete, and understand that if employed, false, misleading or incomplete statements on this application shall be grounds for immediate dismissal.
3. **I AUTHORIZE** the company to investigate and verify any information contained in my application or pre-hire interviews, including my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.
4. **I UNDERSTAND** and agree that my employment and compensation may be terminated at any time without prior notice, with or without reason, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing.

Date: _____ Signature of Applicant:_____