

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Date of Application _____ Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Employment Agency Walk In Other _____

Name _____
Last First Middle

Current Address _____
Number Street City State Zip

Telephone (____) _____ Social Security Number _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? If yes, give date? _____ Yes No

Have you ever been employed here before? If yes, give date _____ Yes No

Are you employed now? Yes No If so, may we contact your present employer? Yes No

Are you a U.S. citizen or can you establish that you are authorized to work in the U.S.? Yes No

Are you available to work Full time Part time Special Assignment. What date can you start? _____

Are you on layoff and subject to recall? Yes No

Have you ever been convicted of, or pled guilty or nolo contendere to any crime (other than a minor traffic violation)? Yes No

If yes, please explain (Note that conviction of a crime will not necessarily disqualify an applicant – the nature of the crime and when the conviction occurred will be considered) _____

Approximate rate of pay expected: _____

Do you have the physical ability to perform all essential duties of the job(s) for which you are applying either with or without a reasonable accommodation? Yes No

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin.) _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Education	GPA	Graduated	Course of Study
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

State any additional information you feel may be helpful to us in considering your employment: _____

Summarize special skills and qualifications acquired from employment or other experience.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

	DATES EMPLOYED		
LAST EMPLOYER	FROM	TO	JOB TITLE
ADDRESS			WORK PERFORMED
PHONE			SUPERVISOR
REASON FOR LEAVING			SALARY
	DATES EMPLOYED		
FORMER EMPLOYER	FROM	TO	JOB TITLE
ADDRESS			WORK PERFORMED
PHONE			SUPERVISOR
REASON FOR LEAVING			SALARY
	DATES EMPLOYED		
FORMER EMPLOYER	FROM	TO	JOB TITLE
ADDRESS			WORK PERFORMED
PHONE			SUPERVISOR
REASON FOR LEAVING			SALARY

Applicants are considered for all positions without regard to race, color, creed, religion, national origin, ancestry, citizenship status, age, gender, veteran status, disability (provided the applicant has the ability to perform the essential functions of the position applied for either with or without a reasonable accommodation) or any other characteristic protected by applicable law.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements or material omissions on this application or any other pre-employment documents shall result in termination when discovered. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the Company. Employment with the Company is at-will. Employment at-will may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management, other than the President (or ranking officer), has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing and that any such agreement must be in writing and signed by both the employee and the Company officer.

I consent to take any physical or medical examinations, including tests for illegal drugs, requested by the Company in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Company during my employment if I am offered and accept a job. I understand that such an examination may be requested during employment when job-related and consistent with business necessity. I understand that refusal to submit to any physical or medical examination ordered by the Company will result in rejection for employment. I further understand that any information obtained through such exams may be retained by the Company and is exclusively the Company's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Company.

Signature

FOR OFFICE USE ONLY -- DO NOT WRITE BELOW THIS LINE

Position Considered _____

Interviewed By _____ Date _____

Comments _____

