

An Equal Opportunity Employer\*

Application No. \_\_\_\_\_

*\*We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of non-job-related medical conditions or disabilities or any other legally protected status.*

1) Name: \_\_\_\_\_ Date: \_\_\_\_\_

2) Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3) Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

4) Position for which you are applying: \_\_\_\_\_

Lowest acceptable wage: \_\_\_\_\_ per \_\_\_\_\_ Date you can start: \_\_\_\_\_

Are you available to work: \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Temp \_\_\_ Days \_\_\_ Evenings \_\_\_ Weekends \_\_\_ All

Referred by: \_\_\_ Newspaper Ad \_\_\_ Recruited \_\_\_ Walk-In \_\_\_ Other, please list \_\_\_\_\_

5) Are you either a U.S. citizen or legally eligible to hold employment in the United States? \_\_\_ Yes \_\_\_ No

6) Are you at least 18 years old? \_\_\_ Yes \_\_\_ No If no, birth date: \_\_\_\_\_

7) Are you related to anyone employed by this company? \_\_\_ Yes \_\_\_ No If yes, name of person, relationship and location employed: \_\_\_\_\_

8) Have you ever worked for this company? \_\_\_ Yes \_\_\_ No If yes, give dates: \_\_\_\_\_

Location: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**9) LIST HOURS AND DAYS AVAILABLE TO WORK**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From (time)							
To (time)							

**10) EDUCATION**

Type of School	Name and Address of School	Diploma/Degree	Major/Course of study
High School	Name: _____	___ Yes ___ No	
	Street: _____ City: _____ State: _____ Zip: _____		
College	Name: _____	___ Yes ___ No	
	Street: _____ City: _____ State: _____ Zip: _____		
Technical, trade, grad school or other	Name: _____	___ Yes ___ No	
	Street: _____ City: _____ State: _____ Zip: _____		

11) List any additional or special education, training, skills or machines operated: \_\_\_\_\_

12) Do you have any disabilities that may limit your ability to perform the work for which you are applying? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_

What can be done to accommodate your limitation? \_\_\_\_\_

13) Have you ever been convicted (found guilty) of attempting or committing any crime other than a minor traffic violation? \_\_\_ Yes \_\_\_ No  
If yes, when? \_\_\_\_\_ For what? \_\_\_\_\_

**Note: A conviction record will not necessarily bar individuals from employment. You are not required to reveal records which have been judicially expunged, sealed or eradicated.**

14) List all former and current employers in reverse order. Give present or most recent employer first. Include any periods of unemployment, self-employment, military service, etc. Information provided is subject to verification.

May we contact your present employer? \_\_\_ Yes \_\_\_ No (**We will have to contact your present employer before offer to hire will be made.**)

Company Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Starting Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_ Last Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_  
 Responsibilities \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 If time elapsed between positions, please explain \_\_\_\_\_

Company Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Starting Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_ Last Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_  
 Responsibilities \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 If time elapsed between positions, please explain \_\_\_\_\_

Company Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Starting Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_ Last Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_  
 Responsibilities \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 If time elapsed between positions, please explain \_\_\_\_\_

**IMMIGRATION ACT**

I understand that, if hired, I will be required to offer examination documents proving that I am a United States citizen or an alien currently authorized to work in the United States. I also understand that my continued employment is contingent upon my providing the necessary documentation within the prescribed time frames.

Acknowledgment: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Applicant's Signature)

**READ CAREFULLY BEFORE SIGNING**

- I hereby certify, to the best of my knowledge, that the answers given are true and complete. I also understand that an omission or falsification may disqualify me from consideration for employment or may be grounds for my immediate dismissal.
- I agree to conform to the rules and regulations of the company and, if employed, I understand and agree that my employment is at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause, and with or without advance notice at the option of either the company or myself.
- I understand that no supervisor, manager or other representative of the company has any authority to enter into any express or implied contract for employment for any specific period of time. Any agreement contrary to the above must be in writing and expressly state that it is a contract and be signed by the authorized representative of the company. In making this application for employment it is understood that any investigative consumer report may be prepared whereby information is obtained from former employers, educational institutions which I attended, credit agencies, references, neighbors and friends.
- I authorize my former employers, educational institutions, credit agencies, references, neighbors and friends to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damages that may result from furnishing same to you. I understand that if such investigation should reveal a false statement or derogatory reports, I may be disqualified from employment or subsequently dismissed.
- I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.
- I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position will prevent my employment with the company. I also understand that employment, for certain positions, is conditional upon successful completion of a substance abuse screening test as part of the company's pre-employment policy.

Acknowledgment: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Applicant's Signature)

**THIS APPLICATION WILL REMAIN ACTIVE FOR 6 MONTHS.  
 APPLICANTS WHO WISH TO BE CONSIDERED AFTER THAT TIME MUST REAPPLY.**