

APPLICATION FOR EMPLOYMENT

Personal Information

Date: _____

Name: _____ Social Security #: _____
Last First Middle

Address: _____ How Long? _____
Street

_____ Phone: _____
City State Zip

Are you legally permitted to work in the United States? Yes No Are you 18 years or older? Yes No

Employment Desired

Position: _____ Date Available: _____ Salary Desired: _____

Have you applied here before? Yes No When? _____ For what job? _____

Have you worked here before? Yes No When? _____ In what job? _____

Referred by: _____

Education

	Name and Location of School	No. of Years Attended	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

General

Foreign Languages Spoken Fluently: _____

Special Skills: _____

U.S. Military or Naval Service? Yes No Branch and Rank: _____

Are You Presently A Member of The National Guard or Reserves? Yes No

Have you ever been convicted of a felony? * Yes No If yes, please explain. _____

* Applicants for employment are not obligated to disclose sealed or expunged records of conviction or arrest.

References. List three people not related to you, whom you have known for at least a year.

Name	Address	Phone	Yrs. Known

Emergency Notification. In case of emergency notify:

Name	Address	Phone

Employment History. List employers beginning with most recent, providing all requested information.
DO NOT WRITE "SEE RESUME." Account for all time (i.e., NO EMPLOYMENT HISTORY GAPS).

From (MO/YR)	Company		Position
	Address		Rate of Pay
To (MO/YR)	City	State	Zip
	Phone	Supervisor	
Reason for Leaving			

May we contact your present employer (if any) to verify your work record? Yes No

• Unemployment (If any) Dates: From _____ (MO/YR) to _____ (MO/YR)

From (MO/YR)	Company		Position
	Address		Rate of Pay
To (MO/YR)	City	State	Zip
	Phone	Supervisor	
Reason for Leaving			

• Unemployment (If any) Dates: From _____ (MO/YR) to _____ (MO/YR)

From (MO/YR)	Company		Position
	Address		Rate of Pay
To (MO/YR)	City	State	Zip
	Phone	Supervisor	
Reason for Leaving			

• Unemployment (If any) Dates: From _____ (MO/YR) to _____ (MO/YR)

From (MO/YR)	Company		Position
	Address		Rate of Pay
To (MO/YR)	City	State	Zip
	Phone	Supervisor	
Reason for Leaving			

Authorization (To be read and signed by applicant). By completing and submitting this application, I:

- certify that all the information provided by me on this application and in connection with company's evaluation of me as a candidate for employment is true and complete, and understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time;
- authorize investigation of all statements contained herein and the employers and references listed above to give the company 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 the company;
- in consideration of employment, agree to comply with the company's rules and regulations and understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company;
- acknowledge that if I accept a position with the company, the employment relationship between the company and the employee is an "at-will" relationship and the employment relationship and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the company or the employee and that no company representative, other than the company's President, and then only when in writing and signed by the President, has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing; and
- understand that as a condition of employment, I may be required to take a physical examination which may include an alcohol and/or drug screening test.

Date: _____ Signature: _____

The company is an equal opportunity employer and complies with all applicable state and federal laws concerning employment, including laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, ancestry, age, marital or veteran status or disability.