



# Employment Application

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal laws. Equal access to employment, services and programs are available to all persons.

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
No. Street City State Zip

Social Security No. \_\_\_\_\_ Are you over 18? Yes  No

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes  No

Have you ever been convicted of any crime (excluding minor traffic violations); including driving while under the influence of alcohol or drugs? Yes  No

If Yes, state the offense, location, date: \_\_\_\_\_

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime are required by the job for which you are applying? Yes  No

### EMPLOYMENT DESIRED:

Are you seeking:  Full-time  Part-time  Temporary/ Summer

Position applied for \_\_\_\_\_ Salary desired \_\_\_\_\_ Date available to start \_\_\_\_\_

Would you be willing/able to perform all of the tasks required by the job for which you are applying? Yes  No

Have you ever applied to our company before? Yes  No  Have you ever worked for our company before? Yes  No

If your answer to either of the above is Yes, state when and where you applied and/or worked? \_\_\_\_\_

How did you learn of our company and/or position? \_\_\_\_\_

Desired Work Schedule: (Days) \_\_\_\_\_ (Hours) \_\_\_\_\_ AM  PM

### EDUCATION:

Name, Location	Dates	Graduate	Courses Studied
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade School		Yes <input type="checkbox"/> No <input type="checkbox"/>	

List and describe additional school or specialized training. \_\_\_\_\_

Have you ever served in the military? Yes  No

Service Branch \_\_\_\_\_ Date Entered \_\_\_\_\_

Date Separated \_\_\_\_\_ Final Rank \_\_\_\_\_

List names of employers in consecutive order with present employer listed first. Account for all periods of time, including military service and periods of unemployment. If self-employed, give firms name and supply business references.

Name of Employer Address City, State, Zip Code	Name and Title of Last Supervisor	Dates Employed From: To:	Pay Starting: Ending:
Telephone Area Code ( )	Nature of Business	Reason for Leaving	
Title			
Duties			

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**References: Give three references, not relatives**

Name	Address	Phone	Occupation
1.			
2.			
3.			

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I also release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. I agree that if I am employed, I will abide by all the rules and regulations of the company.

**I understand that pre-employment drug screening is a condition of employment.**

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_