

Application for Employment

EEO Policy: This Company prohibits any employment practice which in any way illegally discriminates against any employee of applicant for employment with respect to compensation, terms, conditions or privileges of employment because of an individual's race, color, religion, national origin, veteran status, marital status, eligibility for military service, sex, age, disability, or any other basis protected by law. Disabled applicants may request any needed accommodation.

PERSONAL INFORMATION

Date: _____ SSN: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Cell/Phone: _____ Email: _____

Position applying for: _____

Salary Requirements: _____ Date available to start: _____

Days you are available: MON TUE WED THU FRI SAT SUN

Hours you are available: _____

Are you eighteen years of age or over? YES NO

Do you have a legal right to work in the United States? YES NO

Have you ever been convicted of a crime? YES NO

If yes, please indicate nature and circumstances of crime, including when and where:

Are there any currently pending criminal charges against you? YES NO

If yes, please indicate nature of charges:

How were you referred to us? _____

EDUCATION

Name & Location of School	Number of Years Completed	Did You Graduate?	Subject Studied/Degree Received
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, Correspondence School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

Present or Most Recent Position

Company: _____ Phone: _____

Address: _____

Supervisor Name: _____ May we contact? Yes No

Your Position: _____

Dates of Employment: _____ to _____

Duties: _____

Starting Wage: _____ Ending Wage: _____

Reason for Leaving: _____

Prior Position

Company: _____ Phone: _____

Address: _____

Supervisor Name: _____ May we contact? Yes No

Your Position: _____

Dates of Employment: _____ to _____

Duties: _____

Starting Wage: _____ Ending Wage: _____

Reason for Leaving: _____

Prior Position

Company: _____ Phone: _____

Address: _____

Supervisor Name: _____ May we contact? Yes No

Your Position: _____

Dates of Employment: _____ to _____

Duties: _____

Starting Wage: _____ Ending Wage: _____

Reason for Leaving: _____

Prior Position

Company: _____ Phone: _____

Address: _____

Supervisor Name: _____ May we contact? Yes No

Your Position: _____

Dates of Employment: _____ to _____

Duties: _____

Starting Wage: _____ Ending Wage: _____

Reason for Leaving: _____

ADDITIONAL EMPLOYMENT QUESTIONS

Describe your experience and/or training as it relates to the position you are applying for:

Describe any licenses, certifications, awards, recognition that is relevant to the position you are applying for:

REFERENCE CHECK AUTHORIZATION

Please read the following statements carefully before you sign your name.

I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in the Application will be sufficient reason for rejections of my application or for dismissal at any time during my employment, without liability to this Company. This includes furnishing a false name or social security number. I have read, understand and agree to the above statement.

(Please initial here) _____

I further understand that no representative of the Company has the authority to enter into any agreement for employment for any specified period of time and that this Company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this Company, and, if hired, my employment will be at will and may be terminated at any time without prior notice. I have read, understand and agree to the above statement.

(Please initial here) _____

If employed, I agree to abide by all of the work and safety rules of the Company. I understand that this Company is committed to maintaining a drug-free workplace. I am aware that the Company may require a drug test as a part of the hiring process. Also, if employed, I realize that the Company conducts post-accident, reasonable suspicion, periodic and/or random drug and/or alcohol testing of its employees. I have read, understand and agree to the above statement.

(Please initial here) _____

I understand that this application will remain on the file for 60 days for consideration. After 60 days, if I am still interested in a position with this Company, it will be necessary for me to complete a new application form.

SIGNATURE HERE _____ DATE: _____

PRINT YOUR NAME HERE _____