EMPLOYMENT APPLICATION

Should you need reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department or other designated company representative.

Today's Date _____

GENERAL INFORMATION

Name _____
                 Last   First   Middle

Present Address _____
                         Street   City   State   Zip Code

Telephone Number (_____) _____   Message Number (_____) _____

Are you 18 years or older?   ❑ Yes   ❑ No

Are you legally authorized to work in the United States?   ❑ Yes   ❑ No
Proof of eligibility documentation must be provided at time of hire as required by law.

EMPLOYMENT DESIRED

Position Applied For _____

Do you want to work: Full-time _____   Part-time _____   Temporary _____

Specify days and hours available, if part-time _____

Date available to start work _____ Salary Expectations_____

Have you applied for employment with this company within the last 12 months?   ❑ Yes   ❑ No

Have you ever worked for us before?   ❑ Yes   ❑ No
(Please provide your name of record at that time,
job title and dates of employment) _____

An Equal Opportunity Employer

EDUCATION

List education if it is related to the job for which you are applying.

	High School	Technical College	College	Graduate School
School Name and Location				
Years Completed (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did You Graduate?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Diploma/Degree/Certificate				

SPECIAL SKILLS/ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, etc. Do not include experiences which would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, Vietnam-era veteran status, special disabled veteran status, status with regard to public assistance, membership or activity in a local commission, disability or age.

_____

_____

_____

_____

MISCELLANEOUS

Has your employment with any employer ever been involuntarily terminated?   ❑ Yes   ❑ No

If yes, please identify the employer, date of termination and reason for termination: _____

_____

EMPLOYMENT HISTORY: (Please Start With Your Present or Most Recent Position)

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:

REASON FOR LEAVING:

BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:

Annual Salary: _____   May we contact this employer?   ❑ Yes   ❑ No

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:

REASON FOR LEAVING:

BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:

Annual Salary: _____   May we contact this employer?   ❑ Yes   ❑ No

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:

REASON FOR LEAVING:

BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:

Annual Salary: _____   May we contact this employer?   ❑ Yes   ❑ No

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:

REASON FOR LEAVING:

BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:

Annual Salary: _____   May we contact this employer?   ❑ Yes   ❑ No

REFERENCES

Please provide the names of three business references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

	Name	Phone Number	Address	Years Known and In What Capacity
1.				
2.				
3.				

SIGNATURE

APPLICANT: *Please read the following carefully before signing this application.*

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Company and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and this Company has the right to terminate my employment at any time, for any reason or no reason, with or without notice. This Company's policies and procedures, including employment at-will, cannot be modified in any way without express written intent to do so by the President of this organization.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- Unless otherwise noted above, I authorize this Company and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Company any job-related information, personal or otherwise, they may have regarding me and I release this Company and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Company which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that all Company property must be returned and any indebtedness to the Company must be paid on or before my last day of work. I authorize the Company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

By signing below, I acknowledge that I have read, understand and agree with the above statements.

_____   _____
Date   (Signature of Applicant)