# **APPLICATION FOR EMPLOYMENT**

## PERSONAL INFORMATION

(Please Print)							
					C	Date	
Name							
Last	First	Midd	lle		Maiden		
Present address							
	Number	Street	City	State	Zip		
Social Security Nu	ımber	_					
How long at prese	nt addess						
Telephone ()		If ur	nder 18, pl	ease list	age		
e-mail							

#### **EMPLOYMENT DESIRED**

Position(s) applied for	Days/hours	available to work:
Salary desired		
How many hours can you work weekly?	Can yo	u work evenings?
Employment desired DFULL-TIME ONLY	DPART-TIME ONLY	DFULL- OR PART-TIME
When are you available to start work?		
How did you Learn about us?		

1

#### EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional or Graduate School				

## WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number		From	Start
		То	Final
	Your last job tit	le	
Reason for leaving (be specific)			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number		From	Start
		То	Final
	Your Last Job	<b>Fitle</b>	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number		From	Start
		То	Final

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

## WORK EVDEDIENCE

Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number		From	Start
Phone number		То	Final
	Your last job tit	le	1
Reason for leaving (be specific)	<b>#</b>		
List the jobs you held, duties performed, skills used worked at this company.			
Are you currently employed?		□ Yes	
May we contact your present employer?		🖵 Yes	🗖 No
Did you complete this application yourself		🗅 Yes	🗆 No
		□ Yes	🗆 No
Did you complete this application yourself		□ Yes □ Yes	□ No
Did you complete this application yourself If not, who did? Have you ever been convicted of a felony? If yes, explain number of conviction(s), nature of offe	., .	□ Yes conviction(s), how	□ No recently such
Did you complete this application yourself If not, who did?	., .	□ Yes conviction(s), how	□ No recently such
Did you complete this application yourself If not, who did?	d, and type(s) of r	☐ Yes conviction(s), how ehabilitation	□ No recently such □ No
Did you complete this application yourself If not, who did?	d, and type(s) of r	□ Yes conviction(s), how ehabilitation. □ Yes	□ No recently such □ No
Did you complete this application yourself If not, who did?	d, and type(s) of r	Yes conviction(s), how ehabilitation. Yes Scharge Date	□ No recently such □ No
Did you complete this application yourself If not, who did? Have you ever been convicted of a felony? If yes, explain number of conviction(s), nature of offe offense(s) was/were committed, sentence(s) imposed	d, and type(s) of r	Yes conviction(s), how ehabilitation.     Yes ischarge Date     Yes	No recently such No No No

If yes, when? \_\_\_\_ Do you have any friends or relatives employed by this company? Yes 🗆 No If yes, please provide their names and relationship to you. \_\_\_ If hired, would you have a reliable means of transportation to and from work? 🛛 Yes 🗆 No Are you able to perform the essential functions and duties 🛛 Yes 🛛 No of the job for which you are applying? If not, please describe the functions or duties you are unable to perform.

## REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

### **APPLICATION FORM WAIVER**

#### Please read each paragraph closely, initial each, and sign below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize thorough investigation of my references, work records, education, driving record, credit history, criminal background and other matters related to my suitability for employment. I further authorize the employers, schools and other references I have listed to disclose any and all documents, transcripts, letters, reports and other information related to these references, without giving me prior notice of such disclosure. I hereby release this potential employer, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and the Company, other than one that is "*at will*." I understand and agree that if I am employed, my employment will be of an "*at will*" nature, whereby either the employee or the employer may terminate the employment relationship at any time, with or without cause or notice. I further understand that my employment, if hired, is for no definite or determinable period of time and may be terminated at any time, at the option of either myself or the Company, and that no promise or representation contrary to the foregoing is binding on the company unless made in writing and signed by me and the company's designated representative.

I understand that I may be requested to submit to drug testing. Each employee, as a condition of employment, may be required to participate in pre-employment, random, reasonable suspicion and follow-up testing upon selection or request of management. All drug-testing information will be maintained in separate confidential records.

I understand that this application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

Signature of applicant:

Date:

The Employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with the company depends solely on your qualifications.

#### Thank you for completing this application form and for your interest in our business.