

EMPLOYMENT APPLICATION

INSTRUCTIONS:

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

- 1. Please read "APPLICANT NOTE."
- 2. Complete both sides of this form.
- 3. Print clearly. Incomplete or illegible applications will not be processed.
- 4. Do not fill out any other attached forms until instructed.

TODAY'S DATE: _____

NAME: _____
Last First M.I.

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____

PRIOR ADDRESS _____
Street City State Zip

POSITION APPLYING FOR

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, religion, national origin, the presence of disabilities, sexual orientation, status with regards to public assistance, or any other characteristic protected by law. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. This application applies only to the position specified. It is considered inactive after ____ days. If at any time you wish to be considered for employment within this company, another application must be completed.

AVAILABILITY

For which position are you applying? _____

Are you legally able to work in the United States? Yes No Are you under the age of 18? Yes No

What date can you start _____ Which category would you prefer? Full Time Part Time Temporary

For which schedules are you available? Weekdays Days Evenings Weekends

DATE

EDUCATION

Please circle highest grade completed 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	GRADUATE?
High School		
College		
Other		

M.I.

SECURITY

List states and counties of residence for the past seven years _____

FIRST

JOB RELATED SKILLS NOTE: Do not fill out any part of this section you believe to be non-job related. Please exclude any information indicative of age, sex, religion, national origin, or disability.

- Yes No If the job requires, do you have the appropriate valid driver's license?
DL# _____ Type _____ State of Issue _____
- Yes No Have you had any moving violations? Please describe _____

LAST

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company.

- Yes No Have you been given a job description or had the requirements of the job explained to you?
- Yes No Do you understand these requirements?
- Yes No Can you perform the requirements of this job with or without reasonable accommodation?

NAME

EMPLOYMENT REFERENCES

Your application will not be considered unless every question is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical

MOST RECENT EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer?
	Company Name _____ City _____ State _____ Phone Number _____ () _____ From (mon/yr) _____ To (mon/yr) _____ Dates Employed _____ Job Title _____ Supervisor's Name _____ Duties _____ Pay \$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Hourly Reason for Leaving _____
	Company Name _____ City _____ State _____ Phone Number _____ () _____ From (mon/yr) _____ To (mon/yr) _____ Dates Employed _____ Job Title _____ Supervisor's Name _____ Duties _____ Pay \$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Hourly Reason for Leaving _____
Company Name _____ City _____ State _____ Phone Number _____ () _____ From (mon/yr) _____ To (mon/yr) _____ Dates Employed _____ Job Title _____ Supervisor's Name _____ Duties _____ Pay \$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Hourly Reason for Leaving _____	

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1		
2		
3		

CERTIFICATION

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I also understand that the use of illegal drugs I prohibited during my employment. If company policy requires, I am willing to submit to a drug testing to detect the use of illegal drugs prior to and during employment. I agree that if I am employed, my employment shall not be construed as being for any definite period of time, but will be for an indefinite period, terminable at will by Company or me.

RELEASE

Signing certifies and authorizes the company and/or its agents including consumer reporting bureaus to verify any of this information including, but not limited to criminal history and motor vehicle driving records. I authorize all persons, school, companies, former employers and law enforcement authorities to release any information concerning my background and hereby release any said persons, school, companies, former employers and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Applicant Name (please print) _____
First *Last*

Signed _____ Dated _____
(month/day/year)