

# APPLICATION FOR EMPLOYMENT

**An Equal Opportunity Employer**

*(Application will remain active for 30 days)*

Position \_\_\_\_\_

Applied For: \_\_\_\_\_ Referral Source \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

Last First M.I. Street City State Zip

Are you at least 18 years of age?  Yes  No

Are you a U.S. Citizen or legally authorized to work in the U.S.?  Yes  No

Date you are able to start work: \_\_\_\_\_

May we contact your current employer?  Yes  No

Are you on layoff status or subject to recall elsewhere?  Yes  No

Pay Expected: \$ \_\_\_\_\_ per \_\_\_\_\_

If hired, how long do you plan to continue working for the company? \_\_\_\_\_

Do you wish to work:  Full-time  Part-time  Temporary

Are you willing and available to work?  On call  Days  Evenings  Nights  Overtime  Weekends  Holidays

If applying for a job that requires one, do you have a valid driver's license?  Yes  No

Do you smoke?  Yes  No

Have you been convicted of a felony or misdemeanor?  Yes  No

If so, explain \_\_\_\_\_

\_\_\_\_\_

*\* A "yes" answer will not necessarily bar applicant from employment.*

Have you previously applied with us?  Yes  No

When \_\_\_\_\_

Have you previously worked with us?  Yes  No

When \_\_\_\_\_

Are any of your records under a different name?  Yes  No

If so, what name \_\_\_\_\_

Do you have any relatives working for us?  Yes  No

If so, who? \_\_\_\_\_

Is there any reason you might be unable to meet our attendance requirements?  Yes  No

If yes, please explain \_\_\_\_\_

EDUCATION/ TRAINING	Name and Location of School	Did You Graduate?	Subjects Studied
High School			
College			
Other Training (particularly that led to license or certification)			

Are you taking or do you plan to take any additional education? If so, what? \_\_\_\_\_

**SKILLS / ABILITIES:**

List any machines you are skilled in using: \_\_\_\_\_

List any skills or abilities you have which are pertinent to the position, including hobbies or related interests: \_\_\_\_\_

**JOB REQUIREMENTS:**

Will you be able to perform the essential functions of the job,  
with or without reasonable accommodation?

Yes     No

**PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE**

**Present or Last Employer:**

Address:		Phone: (    )	
Start Date:	Leaving Date:	Supervisor:	Rate of Pay \$
Job Title & Duties:			
Why Did You Leave?			

**Previous Employer:**

Address:		Phone: (    )	
Start Date:	Leaving Date:	Supervisor:	Rate of Pay \$
Job Title & Duties:			
Why Did You Leave?			

**Previous Employer:**

Address:		Phone: (    )	
Start Date:	Leaving Date:	Supervisor:	Rate of Pay \$
Job Title & Duties:			
Why Did You Leave?			

**PERSONAL REFERENCES**

<b>Name:</b>	Phone: (    )
Address:	
Occupation:	How Long Known:

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<b>Name:</b>	Phone: (    )
Address:	
Occupation:	How Long Known:

**PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION**

1. As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the successful passing of a physical.
2. **I CERTIFY** that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false, misleading or incomplete statements on this application shall be grounds for dismissal.
3. **I AUTHORIZE** the company to investigate information concerning my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.
4. **I UNDERSTAND** and agree that my employment and compensation may be terminated at any time without prior notice, with or without cause, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing.
5. **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.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_