



APPLICATION FOR EMPLOYMENT

Name _____

Date _____

Position Applied for _____

APPLICATION FOR EMPLOYMENT

DATE: _____ POSITION APPLIED FOR: _____

Referred by: _____ Date Available for Work: _____

INSTRUCTIONS: Please read carefully. Every Item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable vacancy. Upon employment, this application will become part of your permanent record with this company. Keep this in mind as you complete it. *Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. You may request assistance to complete this application.*

PERSONAL

Name _____ Telephone Number: () _____
First M.I. Last

Street _____ Box _____ City _____ ST _____ Zip _____

Previous Address _____ Social Security Number _____

If younger than 18, state age here _____ Are you legally entitled to work in the United States? yes no

Have you ever been convicted of a felony? _____ If yes, explain: _____

Answer these for all positions requiring the use of a vehicle:

Have you ever been convicted of a moving traffic violation? yes no If yes, list all here _____

Have your driving privileges ever been revoked or suspended? yes no If yes, list all here _____

Do you have a Commercial driving license? yes no

***Compliance with I-9 requirements is mandatory, upon employment*

EDUCATION

High School (Name and Address) _____

Did you graduate? _____ If no, last grade completed _____ G.E.D. Obtained? _____ Grade Average _____

Colleges (Name and Address) _____

Colleges (Name and Address) _____

Did you graduate? _____ If no, number of hours completed _____ Grade Point Average _____ Degree _____

Major _____ Minor _____ If attending, date of graduation _____

Other Education _____

Awards, Honors, Leadership Roles: _____

MILITARY not applicable

List service in U.S. Military: From _____ to _____ Branch _____

Rank at Discharge _____ Military experience that may be applicable: _____

GENERAL EMPLOYMENT INFORMATION

1. List here all of the equipment with which you have experience and training. (Examples: lathe, grinder, forklift, typewriter, adding machine, computers, calculators, etc.): _____

2. Were you previously employed by this company? _____ If yes, when _____ to _____

3. Are you willing to relocate? _____ If yes, state location preferred _____

4. Salary Expected _____ hour ___ or week ___ Number of hours you are available per week? _____ No preference

5. Type of Employment sought: regular full time regular part time temporary seasonal as needed

6. Which of these times are you available: Days: yes no Nights: yes no
Weekends: yes no Holidays: yes no
7. Indicate hours you are available to work on the following days (or check Anytime, if you have no restrictions)
- | | | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ |
| <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime |
8. List names of relatives currently in the employ of this company: _____
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EXPERIENCE

List below all present and past employment, beginning with your most recent employer

1. Employer _____ Starting Salary _____ per hour or week
Address _____ Last Salary _____ per hour or week
Kind of Business _____ Supervisor _____
Job Title _____ Reason for Leaving: Quit Discharge Retired
Dates Employed _____ to _____ Lay off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____
 2. Employer _____ Starting Salary _____ per hour or week
Address _____ Last Salary _____ per hour or week
Kind of Business _____ Supervisor _____
Job Title _____ Reason for Leaving: Quit Discharge Retired
Dates Employed _____ to _____ Lay off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____
 3. Employer _____ Starting Salary _____ per hour or week
Address _____ Last Salary _____ per hour or week
Kind of Business _____ Supervisor _____
Job Title _____ Reason for Leaving: Quit Discharge Retired
Dates Employed _____ to _____ Lay off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____
 4. Employer _____ Starting Salary _____ per hour or week
Address _____ Last Salary _____ per hour or week
Kind of Business _____ Supervisor _____
Job Title _____ Reason for Leaving: Quit Discharge Retired
Dates Employed _____ to _____ Lay off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____
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In the following space, please describe briefly why you are applying for this position:

CONDITIONS OF EMPLOYMENT

To Applicant: Read this Information carefully and sign below.

"This company does not discriminate on the basis of race, color, religion, sex, national origin, citizenship, age, marital status, or disability."

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed here.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either this company or me. I understand that no representative of this company has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
- V. I understand that I may be required to submit to a pre-employment and post-employment test for fitness, honesty, and/or substance abuse, if not prohibited by law.
- VI. Upon separation of employment, I authorize this company to withhold from my final pay check any monies owed to them by me.

DATE _____ SIGNATURE _____

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INSTRUCTIONS TO APPLICANT: COMPLETE ONLY THE SECTION(S) MARKED

AUTHORIZATION FOR CRIMINAL RECORD CHECK

I am being considered for employment. I authorize their employer representative to conduct a criminal record check. My signature below is a request to any local, state, or federal law enforcement agency to release whatever information is requested by the employer representative.

Signature _____
PRINT
NAME _____ SOCIAL SECURITY NUMBER _____
STREET/ADDRESS _____ APT. # _____
CITY _____ STATE _____ ZIP CODE _____ DATE OF BIRTH _____

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 AUTHORIZATION FOR FINANCIAL RECORD CHECK

I understand that as a routine part of the selection process the employer will make an inquiry of a credit bureau to determine if I have a financial disability.

Sign Here _____

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 AUTHORIZATION FOR EMPLOYMENT REFERENCE CHECK

Please list below two business references who can attest to your skills, knowledge and experience, that will contribute to your success in the position for which you are applying.

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
TELEPHONE() _____	TELEPHONE() _____
OCCUPATION _____	OCCUPATION _____