



Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
 (Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

PERSONAL		
PLEASE PRINT USING BALLPOINT PEN		
LAST	FIRST	MIDDLE
CONTACT INFORMATION (so we may contact you about your application) EMAIL: PHONE:		
HAVE YOU EVER WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.		
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH OR WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR. AND/OR NAME IF UNDER ANOTHER NAME?.		
HOW WERE YOU REFERRED:		
GENERAL INFORMATION		
PLEASE NOTE: IF YOU ARE AGE 18 OR YOUNGER, DOCUMENTATION (IE. WORK PERMIT) ESTABLISHING YOUR ELIGIBILITY TO WORK AS REQUIRED BY FEDERAL AND/OR STATE LAW IN CERTAIN OCCUPATIONS MAY BE REQUIRED AT HIRE.-FEDERAL AND/OR STATE LAW MAY RESTRICT MINORS FROM FILLING CERTAIN OCCUPATIONS.		
PLEASE NOTE: ONLY THOSE WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. IF HIRED YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES.		
SCHEDULE AVAILABILITY: <input type="checkbox"/> I am available and interested in a FULL-TIME position. <input type="checkbox"/> I am available and interested in a PART-TIME position.		
Specific work shift times for available positions will be covered by the hiring manager. When requested, the company will attempt to make reasonable accommodation for applicant and employee protected needs as long as this does not cause an undue hardship on the company.		
NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE.		
WAGE DESIRED	DATE AVAILABLE FOR WORK?	

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [] YES [] NO
2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [] YES [] NO
3	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [] YES [] NO
4	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [] YES [] NO

EDUCATION

List education information if it relates to the position(s) for which you are applying

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS, TRADE OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment or are related to the position(s) for which you are applying.

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BUSINESS REFERENCES

1	NAME	OCCUPATION BUSINESS PHONE ()
	HOME ADDRESS HOME PHONE ()	TITLE RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN
2	NAME	OCCUPATION BUSINESS PHONE ()
	HOME ADDRESS HOME PHONE ()	TITLE RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN

NOTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING*

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Company that such employment is at will, for no specified duration and may be terminated by either the Company or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of the Company or its representatives used during the employment process is deemed a contract of employment, real or implied. I understand that no representative of the Company except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of the Company.

In consideration for employment with the Company, if employed, I agree to conform to the rules, regulations, policies and procedures of the Company at all times and understand that compliance with company policy is a condition of employment. I understand that if offered a position with the Company, I may be required to submit to a post-offer pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Company and/or any of its representatives, agents or vendors. I hereby authorize the Employer to investigate me and the information I have submitted for the purpose of evaluating me for employment, promotion, assignment, reassignment, discipline and/or retention and to make an investigation of my background, including but not limited to, references, character, past/present employment, education, credit, motor vehicle records, drug screening records, federal, civil, criminal and police records, including those maintained by both public and private organizations and all public records for purpose of confirming the information contained on my application, resume or in other supporting documentation and/or obtaining other information, including personal interviews with those acquainted with me, which may be material to my qualifications for employment.

I understand that the company and/or its designated agents will adhere to applicable state and federal statutes concerning the securing of the information, handling and release of information obtained. This application contains my true and complete legal name and all information on this document is true and correct to the best of my knowledge. I understand that the information requested below is for the sole purpose of gathering information accurately and positive identification and will not be used to discriminate against me in violation of any law. I understand any initial offer will be contingent until all information is obtained and processed and may be subsequently withdrawn based on the results of this investigation. I further understand this signed consent hereby authorizes the Employer, and/or its designated agents, to conduct necessary, random and/or periodic background investigations as a requirement of my continued qualifications. A telephonic facsimile (fax) or a photographic copy of this authorization shall be as valid as the original.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

THIS EMPLOYER IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.ⁱ
