

# Application For Employment

We consider applicants for all position without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

(PLEASE PRINT)

Last Name	First Name	Middle Name
Address	City	State
		Zip Code
Telephone Number(s)	Social Security Number	
Position Applied For	Date of Application	
How Did You Learn About Us?	<input type="checkbox"/> Advertisement _____ (Publication)	<input type="checkbox"/> Friend _____ (Name)
	<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	Other _____

If you are under 18 years of age can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If Yes, give date: \_\_\_\_\_

Have you ever been employed with us?  Yes  No  
If Yes, give date: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact you present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary  
If applying for Part-time, number of hours per week: \_\_\_\_\_

Are you currently on delay-off status and subject to recall?  Yes  No

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Yes  No  
(Convictions for marijuana-related offenses that are more than two years old need not be listed). (Do not include convictions while a minor and/or convictions sealed by court order.) If yes, please state nature of offense(s), date(s), city and State and disposition.

*Note: An affirmative answer will not necessarily result in disqualification for employment.*

If Yes, please explain \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

<b>EDUCATION</b>	High School	Undergraduate College/University	Graduate / Professional
SCHOOL NAME			
LOCATION			
Check Years Completed	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree			
Describe Course of Study			

Describe any specialized training, apprenticeship, skills and extra-curricular activities	
Describe any honors you received.	
State any additional information you feel may be helpful to us in considering your application.	

**Indicate any foreign languages you can speak, read and/or write**

	<b>FLUENT</b>	<b>GOOD</b>	<b>FAIR</b>
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

**List professional, trade, business or civic activities and offices held.**

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status:


**References**

Give name, address and telephone number of three references who are not related to you and are not previous employers.

	NAME	ADDRESS	TELEPHONE
1.			
2.			
3.			

Have you ever had a job-related training in the United States military?    Yes                       No

If Yes, please describe: \_\_\_\_\_

## Employment Experience

Start with your present or last job. Include any job-related military assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disability or other protected status.

<b>1. EMPLOYER</b>	From:	To:	Work Performed
Address	Wage Start: \$ /Hr	Wage Final: \$ /Hr	
Telephone Number(s)			
Job Title:	Supervisor:		
Reason for Leaving:			
<b>2. EMPLOYER</b>	From:	To:	Work Performed
Address	Wage Start: \$ /Hr	Wage Final: \$ /Hr	
Telephone Number(s)			
Job Title:	Supervisor:		
Reason for Leaving:			
<b>3. EMPLOYER</b>	From:	To:	Work Performed
Address	Wage Start: \$ /Hr	Wage Final: \$ /Hr	
Telephone Number(s)			
Job Title:	Supervisor:		
Reason for Leaving:			
<b>4. EMPLOYER</b>	From:	To:	Work Performed
Address	Wage Start: \$ /Hr	Wage Final: \$ /Hr	
Telephone Number(s)			
Job Title:	Supervisor:		
Reason for Leaving:			

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.


## Applicant's Statement

I hereby certify that the information on this application is correct and complete to the best of my knowledge. I understand that falsification or omission of any material information on this application or in the interviewing process or in my resume, or failure to pass the physical examination, if I receive a job offer, may be considered sufficient cause of immediate termination.

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 that time.

I agree to have any of the statements herein, as well as my background investigated by the company or its agents. I understand that the background investigation may include, but is not limited to, reviewing my education, employment history, credit history, professional license, and public records and personal references. In consideration for reviewing my application and other related information, I hereby waive and release the company, its employees and agents, and all other entities and persons, and their respective employees and agents from any claims that I might have, including defamation and invasion of privacy, arising out of any verbal or written inquiries and/or any verbal or written responses related to investigation of my background as well as the use of disclosure of such information.

I understand that all disputes arising out of my employment with the Company will be resolved by binding arbitration, and that, if hired, I will be presented with an Arbitration Agreement.

**I agree that if employed, I will abide by all policies and procedures established by the employer. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time, that the employer may terminate my employment at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President/CEO of the employer. This constitutes my entire agreement with the company with regard to the matters set forth in this paragraph.**

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Applicant Signature

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Date