

# Employment Application

- We are an Equal Opportunity Employer. All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law.
- Questions must be answered fully and accurately leaving no unexplained blanks, applications stating "see resume" are incomplete
- Print clearly, incomplete or illegible applications will not be processed.
- PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
- Failure to follow these directions will disqualify the applicant.

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Position(s) Desired 1. \_\_\_\_\_ 2. \_\_\_\_\_

Name \_\_\_\_\_  
 (Please Print Legibly) Last First Middle

Address \_\_\_\_\_  
 No. Street City State Zip

Telephone No. ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Referred by: \_\_\_ Our Ad, which paper \_\_\_\_\_ Emp. Agency \_\_\_ Friend or Relative \_\_\_ Walk-In \_\_\_

**Personal Information**

- Yes  No Are you currently employed? If so, may we contact your current employer?  Yes  No
- Yes  No If hired, would you have a reliable means of transportation to and from work?
- Yes  No Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)
- Yes  No If hired, can you present evidence verifying your legal right to live and work in this country?
- Yes  No Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Yes  No Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

**DRIVING POSITIONS ONLY**

- Driver's License \_\_\_\_\_ Exp Date \_\_\_\_\_  Special License \_\_\_\_\_ Exp Date \_\_\_\_\_ Class \_\_\_\_\_
- Have you ever had your driver's license suspended or revoked?  YES  NO
  - Have you ever been charged with driving under the influence of alcohol or drugs?  YES  NO

Please explain yes answers: \_\_\_\_\_

EDUCATION	Name and Location of School	Diploma or Degree	Degree and Major
High School		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational or Technical		Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Employment History**

List below all present and past employment starting with your most recent employer (last three employers are sufficient). Account for all periods of unemployment. **YOU MUST COMPLETE THIS SECTION COMPLETELY EVEN IF ATTACHING A RESUME.**

**Date from (MM/YY)** \_\_\_\_\_ **to** \_\_\_\_\_ **May we contact this employer?**  Yes  No  
Company name \_\_\_\_\_ City & State \_\_\_\_\_  
Your title \_\_\_\_\_ Supervisor's name & title \_\_\_\_\_ Supervisor's phone \_\_\_\_\_  
Work performed \_\_\_\_\_  
Starting Salary/Wages \_\_\_\_\_ Ending Salary/Wages \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Date from (MM/YY)** \_\_\_\_\_ **to** \_\_\_\_\_ **May we contact this employer?**  Yes  No  
Company name \_\_\_\_\_ City & State \_\_\_\_\_  
Your title \_\_\_\_\_ Supervisor's name & title \_\_\_\_\_ Supervisor's phone \_\_\_\_\_  
Work performed \_\_\_\_\_  
Starting Salary/Wages \_\_\_\_\_ Ending Salary/Wages \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Date from (MM/YY)** \_\_\_\_\_ **to** \_\_\_\_\_ **May we contact this employer?**  Yes  No  
Company name \_\_\_\_\_ City & State \_\_\_\_\_  
Your title \_\_\_\_\_ Supervisor's name & title \_\_\_\_\_ Supervisor's phone \_\_\_\_\_  
Work performed \_\_\_\_\_  
Starting Salary/Wages \_\_\_\_\_ Ending Salary/Wages \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**ADDITIONAL INFORMATION/SKILLS**

*(List specific skills, training, languages, technical or professional knowledge that you may have relating to the applied for job(s).)*

\_\_\_\_\_  
\_\_\_\_\_

**Please Read Carefully and Sign Below**

The above information is true and complete to the best of my knowledge. Should I be employed by the Company, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Company has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the Company, I may resign such employment at any time at my discretion with or without prior notice and the Agency may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature

DO NOT WRITE BELOW THIS LINE

**SUMMARY OF INTERVIEW:**

Accepted for employment: Yes \_\_\_\_\_ No \_\_\_\_\_ Position \_\_\_\_\_

Starting Rate \$ \_\_\_\_\_ per Hour Annual \_\_\_\_\_ Scheduled to start work \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_