

APPLICATION FOR EMPLOYMENT

Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Application for Employment Form* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, genetic predisposition or carrier status, disability, marital status, pregnancy, veteran status, or any other legally protected class or status.

Please notify a company representative if you require a reasonable accommodation to participate in the application and/or interviewing process.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Telephone Number ()		
	Street Address				
	City		State	Zip Code	
	Position Applied For		Salary or Hourly Wage Desired \$		
	Are you Available to Work		Date Available to Begin Work		
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (check all that apply) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights				
	Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, may we contact your employer to obtain employment information?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever submitted an application and/or interviewed for employment with our company? If yes, give month and year ___/___/___			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed with our company before? If yes, give dates. From ___/___/___ to ___/___/___			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you have had an opportunity to review a job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation? (check N/A if you have not reviewed a job description)			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School		# of Years Completed	Course of Study/Major	Diploma or Degree Obtained	GPA
	High School						
	College						
	Dates Attended	From	To				
Other							

SKILLS	List any additional skills, training, and/or technical/professional knowledge that is relevant to the job for which you are applying:		List any certificates, licenses, or professional achievements that would support your qualifications for employment:	
	Drivers' License Identification Number: (Provide your driver's license ID number ONLY if it is a requirement of the position for which you are applying)		State of Issuance:	

EMPLOYMENT HISTORY Provide employment information, including military service, for the last 15 years, starting with the most recent employer first. If you've held more than three jobs, provide this information on another sheet and attach to this form.

Name of Employer		Telephone Number ()		
Address	Street	City	State	Zip Code
Employment Dates (Month/Year) From ____/____ to ____/____		Starting Hourly Wage/Salary	Final Hourly Wage/Salary	
Job Title of Position(s)		Name and Job Title of Supervisor		
Brief description of job duties, responsibilities and significant accomplishments:				
Reason for leaving:				

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Address	Street	City	State	Zip Code
Employment Dates (Month/Year) From ____/____ to ____/____		Starting Hourly Wage/Salary	Final Hourly Wage/Salary	
Job Title of Position(s)		Name and Job Title of Supervisor		
Brief description of job duties, responsibilities and significant accomplishments:				
Reason for leaving:				

Name of Employer		Telephone Number ()		
Address	Street	City	State	Zip Code
Employment Dates (Month/Year) From ____/____ to ____/____		Starting Hourly Wage/Salary	Final Hourly Wage/Salary	
Job Title of Position(s)		Name and Job Title of Supervisor		
Brief description of job duties, responsibilities and significant accomplishments:				
Reason for leaving:				

REFERENCES List three references other than relatives or former supervisors

Name/Occupation	Address	Telephone #	Years Known
1.			
2.			
3.			

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information I have provided on this *Application for Employment Form* is accurate and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or termination of employment, if hired.

I authorize verification of all of the information I have provided on this *Application for Employment Form* as well as any additional information needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this company and its employees from all liability for any damage that may result from reliance on the information furnished.

If employed, I agree to abide by all policies, procedures, and rules of the company. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the company at any time with or without cause or notice. I further understand that the policies, procedures, rules, and benefits contained in the employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.

Date _____ Signature of Applicant _____