



APPLICATION FOR EMPLOYMENT

Date _____

Federal and State law prohibits discrimination in employment because of gender, age, race, color, religion, marital status, national origin, citizenship, veteran status, disability, arrest records, genetic predisposition or carrier status, political activities and legal activities conducted outside of work hours.

PERSONAL INFORMATION

Name _____ Telephone (____) _____
First Middle Initial Last

Present Address _____
Street City State Zip Code

If under 18 years of age, do you have a work permit? Yes _____ No _____

Are you either a U.S. Citizen or an alien who has legal rights to remain and work in the US.? (You will be required to furnish proof of lawful work status if you are extended a job offer.) Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please describe fully the criminal conviction(s), listing the nature of the offense, your age at the time of the offense, your rehabilitation since the conviction(s). A conviction record will not necessarily be a bar to employment.

Do you have a Valid Driver's License? Yes _____ No _____

Do you have your own transportation? Yes _____ No _____

EMPLOYMENT DESIRED

Position(s) applied for: _____ Date you can start _____
Month /Day/Year

Have you ever worked for this company before? Yes _____ No _____

When _____ Supervisor _____

Reason for Leaving _____

EDUCATION

	<u>Grade School</u>	<u>High School</u>	<u>College</u>
Highest Grade Completed	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4
Name of school last attended	_____		
License, Vocational or Trade Training	_____		

EMPLOYMENT HISTORY

List your work experience (starting with your present or most recent employer) for the last five years of your last three employers, whichever will provide us with the greatest information about you. Please account for all periods of unemployment in this section.

<u>Dates Employed</u>		Name of Employer:
From _____ Mo./Yr.	To _____ Mo./Yr.	Address: _____
<u>Salary</u>		Job Title: _____
Start _____	Finish _____	Name of Supervisor: _____

Briefly describe your job duties and work experience: _____

Reason for leaving: _____

Dates Employed	Name of Employer:
From To Mo./Yr. Mo./Yr.	Address:
Salary	Job Title:
Start _____ Finish _____	Name of Supervisor:

Briefly describe your job duties and work experience: _____

Reason for leaving: _____

Dates Employed	Name of Employer:
From To Mo./Yr. Mo./Yr.	Address:
Salary	Job Title:
Start _____ Finish _____	Name of Supervisor:

Briefly describe your job duties and work experience: _____

Reason for leaving: _____

May we contact your present employer at this time? Yes _____ No _____

PERSONAL REFERENCES

Give the names of three persons not related to you, whom you have known professionally at least three years.

Names	Address	Telephone Number	Years Known
● _____	_____	_____	_____
● _____	_____	_____	_____
● _____	_____	_____	_____

APPLICANT'S STATEMENT

I understand that my employment may be terminated with or without reason or notice, at any time, at either my option or that of the Company. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing without written approval of the Company. I give the Company permission to contact all or any of my previous employers and references and authorize them to disclose an information the company may request in the course of its investigation of this application for employment, and I hereby release the Company and such references and prior employers from any and all liability with respect to such disclosures. After a tentative offer of employment has been made, if requested by the Company, I agree to take a job-related medical examination at no personal expense and authorize the examining physician to disclose the findings to the Company. I understand that any offer so employment is conditioned upon receipt of satisfactory references and satisfactory completion of such job-related medical examination.

I also understand that I may be requested now or at any subsequent time during my employment with the Company to submit to drug and/or alcohol tests, at the Company's expense. I understand that if I refuse to take the test, my employment may be terminated immediately.

I have provided truthful and complete responses to all inquiries in the application and authorize the Company to investigate all statements contained in the application. I understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal. If employed, I will abide by the Company's rules and regulations, which I understand are subject to change by the Company.

_____ Date

_____ Applicant's Signature