



EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

Please Print

Date _____ Last Name _____ First Name _____ Middle _____

Present Address

No. & Street _____ City _____ State _____ Zip _____

Social Security # _____ Home Phone _____ Cell Phone: _____ E-mail _____

Previous addresses for the last 5 years

Dates _____ to _____

No. & Street _____ City _____ State _____ Zip _____

Dates _____ to _____

No. & Street _____ City _____ State _____ Zip _____

(Use other side of page, if necessary)

Permanent Address (if different from present address)

No. & Street _____ City _____ State _____ Zip _____

Employment Desired

Position applying for: _____ Salary Desired: _____

Personal Information

Referred by: _____

Have you ever applied to or worked for this company before? ☐ Yes ☐ No

If yes, when? _____

Do you have any friends or relatives working for this company? ☐ Yes ☐ No

If yes, state name(s) and relationship:

Name _____ Relationship _____

Name _____ Relationship _____

Why are you applying for work at this company? _____

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 of your U.S. citizenship or proof of 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? ☐ Yes ☐ No

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, drug screening and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) ☐ Yes ☐ No
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, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Additional Education	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

Name of Employer	()		
	Telephone No.		
Type of Business	Your Supervisor's Name		
Address & Street	City	State	Zip
Dates of Employment: From	To		
Your Position and Duties			

Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

Name of Employer	()		
	Telephone No.		
Type of Business	Your Supervisor's Name		
Address & Street	City	State	Zip
Dates of Employment: From	To		
Your Position and Duties			

Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name	Last Name	()	# Yrs. Acquainted
		Telephone No	
Address & Street	City	State	Zip
First Name	Last Name	()	# Yrs. Acquainted
		Telephone No	
Address & Street	City	State	Zip
First Name	Last Name	()	# Yrs. Acquainted
		Telephone No	
Address & Street	City	State	Zip

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date

Applicant's Signature

NOTICE TO APPLICANTS AND EMPLOYEES.

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.





CONFIDENTIAL PERSONNEL INFORMATION
AUTHORIZATION TO RELEASE DRIVING RECORD

APPLICANT'S CERTIFICATION & AGREEMENT

Applicant's Full Name as it appears on Drivers License:	Last:	First:	Nick Name:
Driver's License #	Exp:	State Licensed:	
Home Address:			
City:	State:	Zip:	
Have you been licensed less than 3 years?			
Are you at least 21 years of age?			
Licensed suspended, denied, revoked or cancelled in last 5 years?			
Details:			
# of moving violations in last 5 years?			
Details:			
Any traffic accidents while driving in the last 5 years?			
Details:			

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if employed, falsified, incomplete, omitted or misleading statements on this application shall be considered sufficient cause for dismissal whenever same may be discovered. I agree to cooperate fully in all company directed investigations and conform to the rules and regulations of the company. I further agree that you may seek information about me from whatever source and I agree to hold the company and the source supplying such information harmless from any claim connected therewith.

Applicant's Signature: _____ Date: _____

Personnel Administrator: _____ Date: _____