Employ	yment Appli	ication			
Personal Info	rmation				Last Name, First Initial
Name (Last, Firs	t, MI)				me, F
Street address					ïrst In
City, State, Zip					itial:
Home phone nur	nber	Work phone n	umber		
Date of Birth (me	onth, day and year)	E-mail address	3		
Social security n	umber	Driver's licens	e number/state/e	xpiration	
		(if job	involves any driv	ving)	
Employment	Desired				
Position applied	for				
How did you hea	ar about this position?				
Date available fo	or work	Desired hours	(full time, part ti	me, etc.)	
Education					
	Name and Address of School	Course of Study	Total Years of Study	Degree/ Diploma	
High School					Tod
Undergraduate College					Today's Date:
Graduate/ Professional)ate:
Other (Specify)					
List any seminar	s, classes or other educatio tion (if you need additional		e page 7):		

Employment Application

Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? \Box YES \Box NO

Employer (current 🗌 Yes 🗌 No)		Start Date	End Date	Essential job functions of final position
Address		Date	Date	
Address				1.
City, State, Zip		Starting	Ending	
5, , , I		Salary	Salary	2.
Phone number				
				3.
Fax number Supervisor		or(s)		
				4.
Job position(s)	E-mail ad	ldress of sup	ervisor	
Reason(s) for leaving				
What walve did you add	to this company of	to oustome		
What value did you add	to this company of	f its custome	ers /	
Employer		Stort	End	Essential job functions of
Employer		Start Date	End Date	Essential job functions of
		Start Date	End Date	Essential job functions of final position
Employer Address				final position
Address		Date	Date	
		Date Starting	Date Ending	final position 1.
Address City, State, Zip		Date	Date	final position
Address		Date Starting	Date	final position 1. 2.
Address City, State, Zip Phone number	Supervise	Date Starting Salary	Date	final position 1. 2. 3.
Address City, State, Zip	Superviso	Date Starting Salary	Date	final position 1. 2. 3.
Address City, State, Zip Phone number Fax number		Date Starting Salary or(s)	Date Ending Salary	final position 1. 2. 3.
Address City, State, Zip Phone number		Date Starting Salary	Date Ending Salary	final position 1. 2. 3.
Address City, State, Zip Phone number Fax number Job position(s)		Date Starting Salary or(s)	Date Ending Salary	final position 1. 2. 3.
Address City, State, Zip Phone number Fax number	-	Date Starting Salary or(s)	Date Ending Salary	final position 1. 2. 3.
Address City, State, Zip Phone number Fax number Job position(s)	E-mail ad	Date Starting Salary or(s)	Date Ending Salary	final position 1. 2. 3.

[PLEASE CONTINUE ON NEXT PAGE]

Employment Application

Employment History

Employer		Start Date	End Date	Essential job functions final position
Address		Date	Date	
City, State, Zip		Starting Salary	Ending Salary	1. 2.
Phone number		Salary	Salary	2
Fax number	Supervisor	r(s)		
Job position(s)	E-mail add	dress of sup	ervisor	4.
Reason(s) for leaving				
What value did you add	to this company or	its custome	ers?	
	to this company of	no custom		
, and the second se				
Employer		Start Date	End Date	
				final position
Employer		Date Starting		final position 1. 2.
Employer Address		Date	Date Ending	final position 1. 2. 3.
Employer Address City, State, Zip	Superviso	Date Starting Salary	Date Ending	final position 1. 2. 3.
Employer Address City, State, Zip Phone number		Date Starting Salary	Date Ending Salary	final position 1. 2. 3.
Employer Address City, State, Zip Phone number Fax number		Date Starting Salary r(s)	Date Ending Salary	final position 1. 2. 3.
Employer Address City, State, Zip Phone number Fax number Job position(s) Reason(s) for leaving	E-mail add	Date Starting Salary r(s) dress of sup	Date Ending Salary	final position 1. 2. 3.
Employer Address City, State, Zip Phone number Fax number Job position(s)	E-mail add	Date Starting Salary r(s) dress of sup	Date Ending Salary	1. 2. 3.

[PLEASE CONTINUE ON NEXT PAGE]

Employment Appl	ication	
Additional Information		
List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.		
Employment Appl	ication	
Additional Information		

Have you ever been employed with this company before? If Yes, when?	□ Yes -	□ No
Do you have any friends or relatives employed by this company? If Yes, please provide their names and relationship to you:	- □ Yes -	□ No
Are you currently employed? May we contact your employer? Are you currently on "lay off" status and subject to recall?	□ Yes □ Yes □ Yes	□No □ No □ No
If you are under 18 years of age, can you provide proof of your eligibility to work?	□ Yes	□ No
If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?	□ Yes	□ No
Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?	□ Yes	□ No

l		
If hired, are there any accommodations the company would need to provide so	□ Yes	□ No
that you can perform all those essential functions and duties of the position		
being applied for?		
If Yes, please explain:		
If driving is a negative set of the negitive englishing have you in the last 7		
If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)"	□ Yes	\Box No \Box N/A
years been convicted of Driving Onder the Influence (DOI)		$\Box N/A$
If hired, do you have a reliable means of transportation to and from work?	□ Yes	□ No
	_ 105	_ 110
If hired, would you be able to travel or work overtime as needed?	□ Yes	🗆 No
Have you ever been convicted of a felony?	□ Yes	🗆 No
If Yes, please explain:		

A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question.

Employment Application

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation

Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Additional Space		
Additional space provide application	d to expand on any points of	r questions asked previously in this
<u> </u>		

PLEASE USE ADDITIONAL PAPER IF NECESSARY

Please read each statement closely and initial each acknowledging your understanding

Equal Employment Opportunity Statement

This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

Discrimination and Sexual Harassment Policy Statement

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this Company. The medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Complete and Accurate Information

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 have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other 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.

At-Will Employment

I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

Testing Authorization

If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

Investigation Authorization

I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.

Company Obligation

I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the Company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Signature

Date

Employment Application

For Personnel Department Use Only

INTERVIEW CHECKLIST

1.	Application reviewed on	by
2.	Denial letter sent	
3.	Interview letter sent	
4.	Interview scheduled for	

ADDITIONAL NOTES: