



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given an equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT LEGIBLY, except for the signature on the back of the application. In reading and answering the following questions, be aware that none of the questions is intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For _____
Today's Date _____

Are you seeking: Full-time • Part-time • Temporary employment? When could you start? _____

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older?Yes • No •
(If you are hired, you may be required to submit proof of age.)

Social Security Number _____ - _____ - _____
If hired, can you furnish proof that you are eligible to work in the U.S.? Yes • No •

Have you ever applied here before?..... Yes • No • If yes, when? _____

Have you ever been employed here before?.... Yes • No • If yes, when? _____

Are you now or do you expect to be engaged in any other business or employment? Yes • No •

If yes, please explain _____

For Driving Jobs Only: Do you have a valid driver's license? Yes • No •

Driver's License Number _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes • No •

If yes, give details: _____

LIST NAME AND ADDRESS OF SCHOOLS

High School: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm's name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT: FROM _____ TO _____	
CITY, STATE, ZIP CODE		REASON FOR LEAVING	
SUPERVISOR	TELEPHONE		
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT: FROM _____ TO _____	
CITY, STATE, ZIP CODE		REASON FOR LEAVING	
SUPERVISOR	TELEPHONE		
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT: FROM _____ TO _____	
CITY, STATE, ZIP CODE		REASON FOR LEAVING	
SUPERVISOR	TELEPHONE		
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT: FROM _____ TO _____	
CITY, STATE, ZIP CODE		REASON FOR LEAVING	
SUPERVISOR	TELEPHONE		

Have you ever worked or attended school under any other name? Yes • No •

If yes, give names: _____

Are you presently employed? Yes • No •

If yes, may we contact your employer? Yes • No •

Have you ever been fired from a job or asked to resign?	Yes •	No •
If yes, please explain: _____		
Give three references, not relatives or former employers.		
Name	Address	Phone
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that if I am extended an offer or employment that it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____

Date: _____

This application for employment will remain active for a limited time. Ask the organization representative for details.