



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are 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 work? _____

Last Name First Name Middle Name

Present Street Address City State Zip Code

Telephone Number: _____

Email address: _____

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

If hired, can you furnish proof you are eligible to work in the U.S.? Yes ☐ No ☐

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

Were you ever employed here? Yes ☐ No ☐ If yes, when? _____

Have you ever been fired from a job or asked to resign? Yes ☐ No ☐

If yes, please explain: _____

Background Verification (Please be advised that applicants may be subject to background checks)

Have you ever been convicted of a criminal offense including sex or child abuse related offenses?
Include any plea of "guilty" or "no contest." (Exclude minor traffic violations.) Yes ☐ No ☐

If yes, give details: _____
(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business
or employment outside of our job? Yes ☐ No ☐

If yes, give details: _____

Do you have a valid driver's license? Yes ☐ No ☐

Driver's License Number _____ Class of License _____ State Licensed In _____

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

If yes, give details: _____

Military Service: (Active Duty) Branch: _____ Dates: From _____ To _____

Are You in the Active Reserves? Yes ☐ No ☐

EDUCATION

What is the highest Education level you have completed?

- ☐ High School Graduate or Equivalent (GED)
- ☐ Some College (please list hours completed)
- ☐ Associate degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate Degree
- ☐ Other (Please list type)

Name/ Location of Schools	From Mo./Yr.	To Mo./Yr.	Graduated (Yes or No)	Degree/ Major Field of Study

LICENSES AND CERTIFICATIONS

Type of License/Certificate	License/certificate Number	Expiration (Mo/Yr)	Specialization/Endorsement

SPECIAL SKILLS/ QUALIFICATIONS

Computer System/Software: _____

Machinery: _____

Office
Equipment: _____

Other: _____

Languages:	<u>Speak</u>	<u>Read</u>	<u>Write</u>
_____	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
_____	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent

WORK HISTORY

- Describe your work history below beginning with your current or most recent job.
- If you need more space, print an additional work history page and attach it to the application.
- You may attach a resume to supplement your work history information.

Organization Name:			Type of Employment:	
Mailing Address:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
City & State:			Immediate Supervisor:	
Phone Number:				
Employment Dates:	Starting Salary:	Ending Salary:	Position Title:	
May we contact your supervisor?	# and types of employees you supervised (if applicable)			
Briefly describe your duties and responsibilities: _____ _____				
Explain the reason for leaving:				

Organization Name:			Type of Employment:	
Mailing Address:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
City & State:			Immediate Supervisor:	
Phone Number:				
Employment Dates:	Starting Salary:	Ending Salary:	Position Title:	
May we contact your supervisor?	# and types of employees you supervised (if applicable)			
Briefly describe your duties and responsibilities: _____ _____				
Explain the reason for leaving:				

Organization Name:			Type of Employment:	
Mailing Address:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
City & State:			Immediate Supervisor:	
Phone Number:				
Employment Dates:	Starting Salary:	Ending Salary:	Position Title:	
May we contact your supervisor?	# and types of employees you supervised (if applicable)			
Briefly describe your duties and responsibilities: _____ _____				
Explain the reason for leaving:				

REFERENCES (Provide three references, not relatives or former employers)		
Name	Address	Phone

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 authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability, claims or damages in making such statements that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me.
- 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 if I am extended an offer of employment, 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 hereby consent to a check of my criminal and/or driving record as a condition of employment, if required.
- **I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT, DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE EMPLOYER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE EMPLOYER AND THE EMPLOYEE. 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 REASON AND WITH OR WITHOUT NOTICE.**

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

Signature: _____ Date: _____
 This application for employment will remain active for a limited time. Ask the organization's representative for details.

<u>Office Use Only</u>	<input type="checkbox"/> W-4 <input type="checkbox"/> I-9	<input type="checkbox"/> MOPP (Employee Section) Signature Page
Hire Date: _____ 90 Day Probationary Period Ends:		
Starting Salary:		
If Eligible:		
<input type="checkbox"/> Health Insurance Information & Enrollment Form <input type="checkbox"/> 401(k) Information & Enrollment Form		