



EMPLOYMENT APPLICATION

Date: _____

This employer considers all qualified candidates without regard to race, color, religion, national origin, sex, handicap, veteran disability or Vietnam era veterans.

Last Name: _____ First Name: _____ M.I.: _____

Social Security Number: _____ Home Phone #: () _____

Address: _____ City: _____ State: _____ Zip Code: _____

Previous Address: _____ City: _____ State: _____ Zip Code: _____

Are you age 18 or older? Yes No Note: If under 18, proof of age must be provided.

Are you a citizen of the United States? Yes No If No, do you have authorization to work in the United States? Yes No

Have you ever been convicted of a crime? Yes No (Conviction will not necessarily disqualify an applicant from employment)
If Yes, please explain: _____

Position applied for: _____ Alternate choice: _____ Rate of pay expected: \$ _____ per hour

Hours available: From _____ Until _____ Circle days available: Sun Mon Tue Wed Thu Fri Sat

Available: Full Time Part Time Have you ever been employed by this company? Yes No Date Employed: _____ / _____

Are any of your immediate family or members of your current household currently working for this company? Yes No
If Yes, please identify: _____

EDUCATION / COURSE OF STUDY

Type of School	School Name / Location	Last Year Completed				Course of Study / Degree Received
		9	10	11	12	
High School		9	10	11	12	
College / University		1	2	3	4	
Graduate / Professional		1	2	3	4	
Technical / Business		1	2	3	4	

US MILITARY HISTORY

Branch of Service: _____ Period of active duty from: _____ to: _____ Rank at discharge: _____

Date of final discharge: _____ Duties or special training received: _____

EMPLOYMENT HISTORY

List below past and present employment beginning with your most recent. You may also include work performed on a voluntary basis. Use an additional sheet of paper if needed.

1. Company name: _____ May we contact? Yes No Telephone: () _____

Employed from: _____ to: _____ Starting pay: \$ _____ Ending pay: \$ _____ Supervisor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Job title and responsibilities: _____

Reason for leaving: _____

2. Company name: _____ May we contact? Yes No Telephone: () _____
 Employed from: _____ to: _____ Starting pay: \$ _____ Ending pay: \$ _____ Supervisor: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Job title and responsibilities: _____
 Reason for leaving: _____

2. Company name: _____ May we contact? Yes No Telephone: () _____
 Employed from: _____ to: _____ Starting pay: \$ _____ Ending pay: \$ _____ Supervisor: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Job title and responsibilities: _____
 Reason for leaving: _____

List any other special skills or knowledge you have that would be helpful in considering your application: _____

REFERENCES

Give the name, address and telephone number of three references who are not related to you and are not previous employers.

	Name	Address	Phone Number
1			
2			
3			

Are you able to perform the essential requirements of the job, with or without reasonable accommodation?

Yes No

PLEASE REVIEW THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING

I acknowledge that the facts set forth on this application are true and complete. I understand that if employed, any false or misleading information on this application may result in dismissal.

I understand that before I am hired, the company may require me to undergo a physical examination and/or drug and alcohol test. I agree to take such an examination and/or test. I also understand that if I am hired, the company may require me to undergo a drug and/or alcohol test at any time during my employment. I agree to take such a test.

I understand that employment will be on an "at will" basis and may be terminated at any time by either party with or without notice.

I authorize all of my former employers, school officials and persons named as references to give this employer any information they may have regarding my employment and educational records. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

SIGNATURE OF APPLICANT _____ DATE _____

(This application is retained for a period of one year)