

# APPLICATION FOR EMPLOYMENT

(WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER)

## APPLICANT'S STATEMENT

I understand that the Company is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give the Company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release such parties from all liability for any damages that may result from furnishing same to the Company. I also authorize the Company to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I understand that the Company reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the Company or its designee. I release the Company and its designee from any and all liability and damages which may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other Company documents are not promises of employment. If I am hired and not employed pursuant to a contract of employment that contains a specific duration of employment, I understand that my employment will be on a trial period for ninety (90) days from the date of my hiring, and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and that the Company has a similar right. I understand that no manager, representative, or agent of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the President may do so in writing. If I am hired under a contract, the contract will control the terms of my employment.

The information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I CERTIFY THAT I HAVE RECEIVED A SEPARATE WRITTEN NOTIFICATION THAT THE COMPANY MAY OBTAIN A CONSUMER REPORT ON ME FOR USE IN CONNECTION WITH MY APPLICATION AND, IF I AM HIRED, MY EMPLOYMENT WITH THE COMPANY. I AUTHORIZE THE COMPANY TO OBTAIN THIS REPORT.

THIS APPLICATION WILL BE CONSIDERED "ACTIVE" FOR A MAXIMUM OF THIRTY (30) DAYS  
IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

Each inquiry on this application must be fully answered or completed. Otherwise, you will not be considered for employment.

## PERSONAL DATA

Last Name		First Name		Middle Name	
Present Address Street and Number City, State, Zip		How long have you lived there: Years		Months	
Telephone Number(s)		Social Security Number		Are you 18 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time When are you available for work? _____					
Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe any accommodations required: _____					

**PREVIOUS EMPLOYMENT**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Include part-time and seasonal employment. If self-employed, give firm name and supply business references. DO NOT ANSWER "SEE RESUME." Fill out this form **completely**.

Employer 1		Dates Employed		Work Performed
		From (M/Yr)	To (M/Yr)	
Telephone Number(s)				
Address		Hourly Rate/Salary		
Job Title	Supervisor Name & Title	Starting	Final	
Reason for Leaving				
Employer 2		Dates Employed		Work Performed
		From (M/Yr)	To (M/Yr)	
Telephone Number(s)				
Address		Hourly Rate/Salary		
Job Title	Supervisor Name & Title	Starting	Final	
Reason for Leaving				
Employer 3		Dates Employed		Work Performed
		From (M/Yr)	To (M/Yr)	
Telephone Number(s)				
Address		Hourly Rate/Salary		
Job Title	Supervisor Name & Title	Starting	Final	
Reason for Leaving				
Employer 4		Dates Employed		Work Performed
		From (M/Yr)	To (M/Yr)	
Telephone Number(s)				
Address		Hourly Rate/Salary		
Job Title	Supervisor Name & Title	Starting	Final	
Reason for Leaving				

**BACKGROUND INFORMATION**

Please explain fully any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment.

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If hired, can you provide proof that you are legally entitled to work in the U.S.?  Yes  No

Have you ever been terminated or asked to resign from any job?  Yes  No

If yes, please explain circumstances: \_\_\_\_\_

May we contact your current employer?  Yes  No

If no, please explain: \_\_\_\_\_

Have you ever worked for this Company before?  Yes  No

If yes, please give dates and position: \_\_\_\_\_

Do you have any friends or relatives working here?  Yes  No

If yes, Name(s) and Relationship: \_\_\_\_\_

Have you ever plead guilty, or no contest to, or been convicted of any misdemeanor or felony?  Yes  No

If Yes, please give the date(s) and details: \_\_\_\_\_

Have you been arrested for any matters for which you are out on bail on your own recognizance pending trial?  Yes  No

If Yes, please give the date(s) and details: \_\_\_\_\_

NOTE: Answering “Yes” to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering this question.)

Do you have any commitments to any other employer which may affect your employment?  Yes  No

If yes, explain: \_\_\_\_\_

**EDUCATION**

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Experience, Training, Skills, and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				

List any professional designations, certifications, licenses, or courses that may be applicable to the position for which you are applying:

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**PROFESSIONAL REFERENCES**

Name	Relationship	Telephone Number
1.		
2.		

**OTHER INFORMATION**

Please describe any other experience that you have which would be relevant to the job for which you are applying:


**DRIVING INFORMATION** (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license?  Yes  No If yes, License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If you do not have a driver's license for the state in which you currently reside, why not? \_\_\_\_\_

Has your license ever been suspended or revoked?  Yes  No If yes, explain: \_\_\_\_\_

Do you have personal automobile insurance?  Yes  No If no, explain: \_\_\_\_\_

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever been convicted, pled guilty, or pled nolo to a charge of DWI or DUI?  Yes  No

Are any such charges currently pending against you? If yes to either question, explain: \_\_\_\_\_

Please list all moving traffic violations in the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS