



Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For		Date of Application		
How Did you Learn About Us				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Relative		<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend		<input type="checkbox"/> Other
Last Name		First Name		Middle Name
Address Number	Street	City	State	Zip Code
Telephone Number(s) (H)			(C)	

Best time to contact you at home is:		AM PM
If you are less than 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filled out an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date _____		
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date of employment _____		
Do any of your friends or relatives work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide names _____		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status... <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date available for work ____ / ____ / ____	What is your desired salary?	
Are you available to work: <input type="checkbox"/> Full-time (Please indicate 1 2 3 shift)		
<input type="checkbox"/> Part-time (Please indicate hours and days available: Mornings, Afternoon, Evening)		
_____)		
<input type="checkbox"/> Temporary (Please indicate days and hours available _____)		
_____)		
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Additional Information

Describe any specialized training, apprenticeship, skills and extra-curricular activities related to the job for which you are applying.

Describe any job-related training received in the United States military.

State any additional information, or specific job-related skills, you feel may be helpful to us in considering your application for this position.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

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

References

1. _____ (Name) _____ (Phone #) _____ Relationship to Applicant

(Address)

2. _____ (Name) _____ (Phone #) _____ Relationship to Applicant

(Address)

3. _____ (Name) _____ (Phone #) _____ Relationship to Applicant

(Address)

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless the President of this employer specifically acknowledges such changes in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I will be expected to work during the times and hours established by the employer, perform the tasks assigned by my manager, and comply with the employer's rules and regulations.

As a condition of employment, I represent that I am not a party to any existing agreement, arrangement, confidentially clause, non-solicitation clause, non-competition clause or any other form of restrictive covenant that would prevent me from lawfully accepting an offer of employment.

This Company is a Drug-Free Workplace. As a condition of employment, I am aware that I must submit to a urinalysis drug test, which will be paid for by the company. I understand that a confirmed substituted, adulterated, diluted, or a confirmed positive drug test will result in the company withdrawing an offer of employment.

I authorize the company and the laboratory to collect and analyze my urine for illegal drugs.

I hereby authorize release of the results of the test to management of the company and its designated medical and professional representatives.

I release the company, its employees, management, and designated medical and professional representatives from any and all claims or causes of actions resulting from the test, the release of results of the test to such persons, and any decisions resulting there from.

Print Name

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks: _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____ Date _____
Name and Title