

EMPLOYMENT APPLICATION

APPLICATION INSTRUCTIONS

1. Individuals who need assistance with any phase of the application process should notify the person who gave them the application to request a reasonable accommodation.
2. Print clearly: incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.

POSITION APPLIED FOR: _____ TODAY'S DATE: _____

NAME: LAST: _____ FIRST _____ MI _____

CURRENT ADDRESS: STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: _____ CELL PHONE: _____

SOCIAL SECURITY NUMBER: _____ ARE YOU AGE 18 OR OVER? YES NO

AVAILABILITY

What date can you start? _____

What category would you prefer? Full Time Part Time Temporary Seasonal

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Shift Work All

EDUCATION: Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 17 18 19 20

GED/ DIPLOMA RECEIVED: YES NO ISSUED BY: _____

If your school records are under a different name than listed on page 1, please enter that name: _____

OTHER SCHOOLS OR TRAINING (Trade, Vocational, Armed Forces, or Business) GIVE NAME AND LOCATION OF EACH SCHOOL, SUBJECTS STUDIED, CERTIFICATES, AND ANY OTHER PERTINENT DATA:

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL		YES NO	
COLLEGE		YES NO	
OTHER		YES NO	

SPECIAL QUALIFICATIONS AND SKILLS (Licenses, skills with machines, computer skills, patents or inventions, publications, public speaking, professional or scientific societies, typing or shorthand speed, honors, awards, and fellowships, foreign languages, etc.)

DO YOU HAVE MILITARY SERVICE? YES NO BRANCH OF MILITARY SERVICE: _____

MILITARY DUTIES: _____

PROOF OF VETERAN STATUS MAY BE REQUESTED AT A LATER DATE.

Do you have any Licenses/Certifications relevant to the job applied for? YES NO

Name of Licenses/Certifications: _____

License/Certification Number: _____ Issuing State: _____

Has your License/Certification ever been revoked or suspended? YES NO

If yes, state the reason(s), date of revocation or suspension, and date of reinstatement: _____

PREVIOUS EMPLOYERS

MOST RECENT EMPLOYER	ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER? YES NO	IF YES, MAY WE CONTACT? YES NO
COMPANY NAME	CITY	STATE
DATES EMPLOYED FROM _____ TO _____	JOB TITLE	SUPERVISOR NAME
PHONE:	SALARY _____ PER _____ (HR, WK, MO)	REASON FOR LEAVING
DUTIES		
SECOND MOST RECENT EMPLOYER	ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER? YES NO	IF YES, MAY WE CONTACT? YES NO
COMPANY NAME	CITY	STATE
DATES EMPLOYED FROM _____ TO _____	JOB TITLE	SUPERVISOR NAME
PHONE:	SALARY _____ PER _____ (HR, WK, MO)	REASON FOR LEAVING
DUTIES		
THIRD MOST RECENT EMPLOYER	ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER? YES NO	IF YES, MAY WE CONTACT? YES NO
COMPANY NAME	CITY	STATE
DATES EMPLOYED FROM _____ TO _____	JOB TITLE	SUPERVISOR NAME
PHONE:	SALARY _____ PER _____ (HR, WK, MO)	REASON FOR LEAVING
DUTIES		

IF JOB REQUIRES, DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

DRIVER'S LICENSE NUMBER: _____ TYPE _____ STATE OF ISSUE: _____

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

PROOF OF ELIGIBILITY WILL BE REQUIRED BEFORE YOU CAN BE EMPLOYED

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES NO

EXPLAIN: _____

CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FOR EMPLOYMENT

REFERENCES

LIST 2 PERSONS WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE OF YOUR BUSINESS OR PROFESSIONAL QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING. DO NOT REPEAT NAMES OF SUPERVISORS LISTED UNDER WORK HISTORY. LABOR AND WORKFORCE DEVELOPMENT DOES NOT VERIFY REFERENCES, BUT EMPLOYERS UTILIZING THIS APPLICATION MAY.

FULL NAME AND PHONE NUMBER	PRESENT BUSINESS OR HOME ADDRESS	BUSINESS OR OCCUPATION

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This application form is not an offer of employment. If hired, such employment shall be considered “at will” and this application is not intended to constitute a contract of continued employment. False or misleading statements during the interview or on this form may result in the refusal to hire or termination of employment. Applicants are considered for positions without discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. Smoking is prohibited in all indoor areas of the Company's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE _____ DATE _____