

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any legally protected status

**\*\* PLEASE PRINT CLEARLY \*\***

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_\_

How did you find out about this job? \_\_\_\_\_

Why are you seeking a new job at this time? \_\_\_\_\_

### APPLICANT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Alt Phone (\_\_\_\_) \_\_\_\_\_

If hired, do you have a reliable means of transportation to get to work? YES NO

Describe: \_\_\_\_\_

Are you at least 18 years old? YES NO

Are you legally eligible for employment in the U.S.? YES NO

(Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a crime? YES NO

If yes, on a separate sheet of paper, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

**Goals:** Please list three goals that you have for the position for which you are applying:

- 1.
- 2.
- 3.

### EMPLOYMENT INFORMATION

Are you seeking full time, part time or temporary employment? \_\_\_\_\_

What hours and shift(s) would you prefer to work? \_\_\_\_\_

List times you are not available to work? \_\_\_\_\_

Are you willing to work Weekends? YES NO Holidays? YES NO

What hourly wage are you looking for? \_\_\_\_\_

Are you currently employed? YES NO If hired, when would you be able to start? \_\_\_\_\_

Have you ever worked for this organization before? YES NO If yes, name used:

\_\_\_\_\_

List any friends or relatives employed by this company: \_\_\_\_\_

Have you ever been discharged or asked to resign from any position? YES NO

If yes, please describe: \_\_\_\_\_

## EDUCATION (circle highest level achieved)

Secondary: 9 10 11 12 G.E.D College: 1 2 3 4 5 6 7 8 Graduate School: 1 2

Name of School	
Location	
Degree	

Name of School	
Location	
Degree	

## WORK HISTORY – please begin with most recent

Company: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

Company: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

Company: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

**For references purposes:** Have you worked for any of these organizations or attended school under a different name?    YES            NO

If yes, give name and organization(s): \_\_\_\_\_

**May we contact the employers listed above?**    YES            NO  
If not, list the employers you do not wish us to contact and why: \_\_\_\_\_

**Authorizations & At-Will Employment Agreement (please read carefully, then sign and date below)**

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

**AT-WILL EMPLOYMENT AGREEMENT**

I understand and agree that nothing contained in this application or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)