



# APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Federal and State law prohibits discrimination in employment because of gender, age, race, color, religion, marital status, national origin, citizenship, veteran status, disability, arrest records, genetic predisposition or carrier status, political activities and legal activities conducted outside of work hours.

## PERSONAL INFORMATION

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

Present Address \_\_\_\_\_  
Street City State Zip Code

Email address: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If under 18 years of age, do you have a work permit? Yes  No

Are you either a U.S. citizen or an alien who has the legal right to remain and work in the U.S.? (You will be required to furnish proof of lawful work status if you are extended a job offer.) Yes  No

Have you ever been convicted of a crime? Yes  No  If yes, please describe fully the criminal conviction(s), listing the nature of the offense and your rehabilitation since the conviction(s). A conviction record will not necessarily be a bar to employment. You may use a separate sheet.

## EMPLOYMENT DESIRED

Position(s) applied for: \_\_\_\_\_ Date you can start \_\_\_\_\_  
Month/Day/Year

Were you referred to us? Yes  No  If yes; by whom: \_\_\_\_\_

Have you ever worked for this company before? Yes  No

When \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## EDUCATION

Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, or Other School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMPLOYMENT HISTORY

List your work experience (starting with your present or most recent employer) for the last five years or your last three employers, whichever will provide us with the greatest information about you. Please account for all periods of unemployment in this section.

Dates Employed	Name of Employer:
From To Mo./Yr. Mo./Yr.	Address:
Salary	Job Title:
Start _____ Finish _____	Name of Supervisor:

Briefly describe your job duties and work experience: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates Employed	Name of Employer:
From            To Mo./Yr.        Mo./Yr.	Address:
Salary	Job Title:
Start _____ Finish _____	Name of Supervisor:

Briefly describe your job duties and work experience: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates Employed	Name of Employer:
From            To Mo./Yr.        Mo./Yr.	Address:
Salary	Job Title:
Start _____ Finish _____	Name of Supervisor:

Briefly describe your job duties and work experience: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your present employer at this time? Yes  No

**PROFESSIONAL REFERENCES**

Give the names of three persons not related to you, whom you have known **professionally** at least three years. Do not list family members. Professional references are work-related.

Name	Address	Telephone Number	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICANT'S STATEMENT**

I understand that my employment may be terminated with or without reason or notice, at any time, at either my option or that of the Company. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing without written approval of the Company. I give the Company permission to contact all or any of my previous employers and references and authorize them to disclose any information the Company may request in the course of its investigation of this application for employment and I hereby release the Company and such references and prior employers from any and all liability with respect to such disclosures. After a tentative offer of employment has been made, if requested by the Company, I agree to take a job-related medical examination at no personal expense and authorize the examining physician to disclose the findings to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of such job-related medical examination.

I also understand that I may be requested now or at any subsequent time during my employment with the Company to submit to drug and/or alcohol tests, at the Company's expense. I understand that if I refuse to take the test, my employment may be terminated immediately.

I have provided truthful and complete responses to all inquiries in the application and authorize the Company to investigate all statements contained in the application. I understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal. If employed, I will abide by the Company's rules and regulations, which I understand are subject to change by the Company.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature