

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, marital, or veteran status.

PERSONAL

****Please Submit a resume with your application****

LAST NAME	FIRST	MIDDLE	DATE
STREET			HOME TELEPHONE ()
CITY	STATE	ZIP	EMAIL ADDRESS
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: Month & Year _____ Location _____			SOCIAL SECURITY #
HOW DID YOU LEARN ABOUT US? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____			WHEN WILL YOU BE ABLE TO BEGIN WORK?
POSITION DESIRED			PAY EXPECTED
ARE YOU AVAILABLE FOR FULL TIME WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			WILL YOU WORK OVER TIME IF ASKED? <input type="checkbox"/> Yes <input type="checkbox"/> No
SPECIAL TRAINING, SKILLS, OR QUALIFICATIONS (languages, machine, operations, etc.)			ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACTS

Name _____ Phone _____

Name _____ Phone _____

EDUCATION

	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
High School	_____ _____ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Business/ Trade/ Technical	_____ _____ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	_____ _____ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Graduate	_____ _____ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

MEMBERSHIP in Professional or Civic Organizations

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. Last 10 years is sufficient.

1.	Employer _____	Telephone (____) _____
	Address _____	
	Job Title _____	Supervisor _____
	Worked Performed _____	Date Employed From _____ To _____
		<input type="checkbox"/> Hourly
		Pay <input type="checkbox"/> Salary Starting _____ Final _____
		Reason for leaving _____
2.	Employer _____	Telephone (____) _____
	Address _____	
	Job Title _____	Supervisor _____
	Worked Performed _____	Date Employed From _____ To _____
		<input type="checkbox"/> Hourly
		Pay <input type="checkbox"/> Salary Starting _____ Final _____
		Reason for leaving _____
3.	Employer _____	Telephone (____) _____
	Address _____	
	Job Title _____	Supervisor _____
	Worked Performed _____	Date Employed From _____ To _____
		<input type="checkbox"/> Hourly
		Pay <input type="checkbox"/> Salary Starting _____ Final _____
		Reason for leaving _____
4.	Employer _____	Telephone (____) _____
	Address _____	
	Job Title _____	Supervisor _____
	Worked Performed _____	Date Employed From _____ To _____
		<input type="checkbox"/> Hourly
		Pay <input type="checkbox"/> Salary Starting _____ Final _____
		Reason for leaving _____

If you need additional space, please continue on a separate sheet of paper

<p>We may need to contact employers listed unless you indicate those you do not want us to contact.</p>	<p>DO NOT CONTACT THESE EMPLOYERS: _____</p> <p>Reason: _____</p>
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PERSONAL REFERENCES

1. Name _____ Telephone (____) _____
Address _____
2. Name _____ Telephone (____) _____
Address _____
3. Name _____ Telephone (____) _____
Address _____

MILITARY

Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No What branch?

Describe any training received relevant to the position for which you are applying. _____

ANSWER ALL QUESTIONS IN THIS SECTION.

The information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

- What was your previous address? _____
- _____
- ☐ How long at present address? _____ Years. ☐ How long at previous address? _____ Years
- Have you ever been bonded? ☐ Yes ☐ No
- Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by the court? ☐ Yes ☐ No If "Yes" describe in full.
- _____
- _____
- _____
- Are you over 18 years of age? ☐ Yes ☐ No If not, employment is subject to verification of age.
- Names of relatives and friends working for us. _____
- _____
- It is the nature of our business that on occasion, we may require an employee to drive a vehicle as part of their duties of employment therefore, we need the following information:
- Drivers license number: _____ State of: _____
- Do you currently have automotive insurance? ☐ Yes ☐ No
- Automotive insurance agent: _____
- Do you have any disabilities, which require an accommodation? ☐ Yes ☐ No If "Yes" please describe disability and accommodation required. _____
- _____
- _____
- Can you perform the essential function of the position you are applying for ☐ with or ☐ without accommodation?
- _____
- _____
- _____
- _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. And understand that I must pass a Live Scan to be eligible for employment.

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 such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

SIGNATURE OF APPLICANT

DATE

FOR EMPLOYER'S USE ONLY

EMPLOYMENT CHECK

EMPLOYER	PERSON CONTACTED	COMMENTS
1		
2		
3		
4		

PERSONAL REFERENCE CHECK

CONTACTED	COMMENTS
1	
2	
3	

TEST RESULTS

TEST ADMINISTERED	RAW SCORE	RATING	COMMENTS

INTERVIEW RESULTS

INTERVIEWER NAME	COMMENTS