



APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

SOCIAL SECURITY NUMBER: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

ADDRESS: _____
STREET APT/UNIT # CITY STATE ZIP

HOME PHONE: (____) - ____ - ____ CELL PHONE: (____) - ____ - ____ ALTERNATE: (____) - ____ - ____

E-MAIL ADDRESS: _____

ARE YOU 18 YEARS OF AGE OR OLDER?: YES NO

DATE AVAILABLE: _____

LOCATIONS DESIRED: _____

SALARY DESIRED: _____/HR DAYS/HRS AVAILABLE: S M T W T F S 1ST SHIFT 2ND SHIFT 3RD SHIFT
 WEEKENDS FULL TIME PART TIME

POSITION DESIRED: _____

DO YOU HAVE RELIABLE TRANSPORTATION: YES NO IF YES, SPECIFY TYPE: CAR BUS OTHER: _____

HOW DID YOU HEAR ABOUT US? _____

HAVE YOU EVER WORKED OR APPLIED WITH US BEFORE? YES NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES NO

AS A CONDITION OF EMPLOYMENT, WOULD YOU SUBMIT TO A DRUG TEST FOR USE OF ILLEGAL DRUGS? YES NO

IS THERE ANY REASON YOU CANNOT PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION?

YES NO IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES NO FELONY MISDEMEANOR

(CONVICTIONS FOR MARIJUANA-RELATED OFFENSES THAT ARE MORE THAN TWO YEARS OLD NEED NOT BE LISTED)

IF YES, STATE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED AND DISPOSITION OF THE CASE.

(NOTE:: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

IN CASE OF EMERGENCY, NOTIFY: _____
NAME RELATIONSHIP

ADDRESS: _____ PHONE: _____

We are an Equal Opportunity Employer without discrimination due to race, sex, national origin, disabilities, or any other condition as provided by law. Please be advised that we promote a “drug free work environment” and all applicants will be screened for the use of illegal drugs. We may also perform a background check on all employees. Please initial to acknowledge that you have read and understand our drug screen and background check policies. _____

EDUCATION: Check all levels of education completed.

GED

HIGH SCHOOL DIPLOMA

SOME COLLEGE

AA/AS

BA/BS

APPLICANT WORK EXPERIENCE

1) NAME OF COMPANY: _____ CITY/STATE : _____

SUPERVISOR: _____ PHONE: _____

DATES: From: _____ / _____ To: _____ / _____ SALARY/HOURLY WAGE: \$ _____

WAS THIS A TEMPORARY ASSIGNMENT? Yes No NAME OF AGENCY: _____

POSITION: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

2) NAME OF COMPANY: _____ CITY/STATE : _____

SUPERVISOR: _____ PHONE: _____

DATES: From: _____ / _____ To: _____ / _____ SALARY/HOURLY WAGE: \$ _____

WAS THIS A TEMPORARY ASSIGNMENT? Yes No NAME OF AGENCY: _____

POSITION: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

3) NAME OF COMPANY: _____ CITY/STATE : _____

SUPERVISOR: _____ PHONE: _____

DATES: From: _____ / _____ To: _____ / _____ SALARY/HOURLY WAGE: \$ _____

WAS THIS A TEMPORARY ASSIGNMENT? Yes No NAME OF AGENCY: _____

POSITION: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

4) NAME OF COMPANY: _____ CITY/STATE : _____

SUPERVISOR: _____ PHONE: _____

DATES: From: _____ / _____ To: _____ / _____ SALARY/HOURLY WAGE: \$ _____

WAS THIS A TEMPORARY ASSIGNMENT? Yes No NAME OF AGENCY: _____

POSITION: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

REFERENCES: Give the names of three people not related to you.

NAME	ADDRESS AND PHONE	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to any suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNATURE: _____ DATE: _____

PLEASE DO NOT WRITE BELOW THIS LINE

INTERVIEWER COMMENTS: _____

INTERVIEWED BY: _____ DATE: _____