

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Position applying for: _____ **Date of Application:** _____

Last Name	First Name	Middle Initial	Home Phone
Present Street Address		City	State Zip
<p>Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, describe the functions that cannot be performed.</p> <p>Note: We comply with federal and state disability rights laws and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.</p>			
<p>Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>If hired, would you have a reliable means of transportation to and from work? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			

Education

	Name of School and Address	Graduated (Yes/No)	Number of Years	Major/Degree
High School				
College				
Other (such as vocational and health training)				
<p>Have you ever applied to or worked for our Company before? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, when? _____</p>				
<p>Do you have any friends or relatives working for our Company? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, state name(s) and relationship:</p>				

Do you speak, write, or understand any foreign languages?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which ones: _____	
Please describe all computer programs with which you are familiar:	
If you have any other training, qualifications, or skills that make you especially suited for work at our Company, please provide all relevant information:	
If you are applying for a position that requires a license/certification, are you licensed/certified for the position?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Issuing state (if applicable):	
License/Certification Number (if applicable):	
Has your license/certification ever been suspended/revoked? If yes, state reason(s), date of suspension or revocation, and date of reinstatement:	Yes <input type="checkbox"/> No <input type="checkbox"/>

General Information

Date available to start:	Full-time or Part-time?						
Days & Hour Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From: _____							
To: _____							
Would you be able to work overtime?							Yes <input type="checkbox"/> No <input type="checkbox"/>
Hourly Rate or Salary Desired:							
Have you ever been convicted of a criminal offense, or are you out on bail or on your own recognizance for any criminal charges or arrests pending trial? (Exclude arrests or detentions that did not result in convictions, convictions for marijuana-related offenses that are more than two years old; referral to, or participation in, a pre- or post-trial diversion program, convictions that have been sealed, expunged or legally eradicated.)							Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

Are you currently out on bail or released on your own recognizance pending trial? Yes No

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

Employment / Work Experience

List below all present and past employment starting with your most recent employer. We need at least three (3) previous employers, or employment going back at least seven (7) years, assuming you have worked that long. You must complete this section even if attaching a resume.

Company No. 1 (present or most recent employer) Address Telephone Number

Dates Employed (Month & Year) From: To:	Pay Rate Start: Ending:	Supervisor's Name and Position
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Position(s) Held: Describe all of your significant duties:

Reason for Leaving: _____ May we contact this employer? Yes No

Company No. 2 Address Telephone Number

Dates Employed (Month & Year) From: To:	Pay Rate Start: Ending:	Supervisor's Name and Position
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Position(s) Held: Describe all of your significant duties:

Reason for Leaving: _____ May we contact this employer? Yes No

Company No. 3 Address Telephone Number

Dates Employed (Month & Year) From: To:	Pay Rate Start: Ending:	Supervisor's Name and Position
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Position(s) Held: Describe all of your significant duties:

Reason for Leaving: _____ May we contact this employer? Yes No

Identify and explain all periods of unemployment during the past seven years.

From: To: Reason for Unemployment

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I 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 have personally completed this application. I understand that any omission or misstatement of fact on this application or on any document used to obtain employment will be grounds for rejection of this application or for immediate termination if I am employed, no matter when discovered.

_____ I authorize the Company to thoroughly investigate my references, work record, education, and other matters related to my 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 notice of such disclosure. In addition, I release the Company, my former employers and all other persons, corporations, partnerships and associations from liability 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 that 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 "at will", is for no definite time period and may be terminated at any time, with or without notice, at the option of either myself or the Company, and that no other promises or representations regarding this subject are binding on the Company unless made in writing and signed by me and an officer of the Company.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired because of such information, I am entitled to a copy of any such records even though I have checked the box below.

_____ I waive receipt of a copy of any public record described in the paragraph above

Applicant Signature: _____

Applicant Name Printed: _____

Date: _____