



# APPLICATION FOR EMPLOYMENT

Today's Date: \_\_\_\_\_

All questions must be answered carefully and completely. If you have a resume, please attach to this application. PLEASE PRINT.

## PERSONAL DATA

NAME _____	SOCIAL SECURITY # _____
ADDRESS _____	POSITION DESIRED _____
CITY, STATE, ZIP _____	SALARY DESIRED _____
TELEPHONE _____	
CHECK EMPLOYMENT DESIRED: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
CHECK DAYS AVAILABLE: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
HOURS AVAILABLE: _____	WILLING TO WORK OVERTIME: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No   Are you legally able to work in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No   Are you over the age of 18?
<input type="checkbox"/> Yes <input type="checkbox"/> No   Are you able to perform any or all job functions with or without reasonable accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No   Have you ever used illegal drugs?
<input type="checkbox"/> Yes <input type="checkbox"/> No   Have you used illegal drugs in the last 6 mos?	<input type="checkbox"/> Yes <input type="checkbox"/> No   Have you ever been convicted of a felony or pled nolo contendere to a felony? If yes, describe conditions: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No   Are you a previous applicant?	_____
<small>(Conviction will not necessarily disqualify an applicant for employment)</small>	

**WORK EXPERIENCE**    **Note: Start with most recent position, furnish dates and explanation for each period of employment and unemployment for the past 10 years. Use a separate piece of paper if necessary.**

Present/Last Employer		Address		Telephone	
Start Date	Termination Date	Rate of Pay	Job Title	Supervisor	
Reason for leaving		May We Contact?	Brief Description of Duties		

Previous Employer		Address		Telephone	
Start Date	Termination Date	Rate of Pay	Job Title	Supervisor	
Reason for leaving		May We Contact?	Brief Description of Duties		

# APPLICATION FOR EMPLOYMENT – page two

## WORK EXPERIENCE CONTINUED

Previous Employer		Address		Telephone	
Start Date	Termination Date	Rate of Pay	Job Title	Supervisor	
Reason for leaving		May We Contact?	Brief Description of Duties		

Previous Employer		Address		Telephone	
Start Date	Termination Date	Rate of Pay	Job Title	Supervisor	
Reason for leaving		May We Contact?	Brief Description of Duties		

## EDUCATION AND TRAINING – Please complete all appropriate items.

Type of School	Name and Location of School	Degree Earned?	Major/Minor Fields of Study
High or Trade School			
Business or Technical School			
College(s)			
Other Training (Explain)			

## REFERENCES

NAME	TELEPHONE	ADDRESS	RELATIONSHIP

## APPLICANT'S STATEMENT

The facts contained in this application are true and complete to the best of my knowledge and I have not withheld any fact or circumstances which could, if disclosed, affect my application unfavorably. I understand that any false or misleading statement or any material omission in this application or in my physical examination will be grounds for rejection of my application or (if have been hired) for my immediate dismissal.

I authorize investigation of all statements contained in this application and other submitted biographical information, information concerning my previous employment and other information, personal or otherwise. I understand that I have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of any such investigative report that is made. I release and indemnify the company against any liability that may result from making such an investigation.

If hired, I consent to taking physical examination and tests required by the company. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company. retains a similar right. I confirm that no promise regarding employment (or terms and benefits thereof) has been made to me and I understand that no such promise or commitment will be binding on and the company.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS.

\_\_\_\_\_  
Signature Of Applicant

\_\_\_\_\_  
Date