## **APPLICATION FOR EMPLOYMENT**

## **An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. Job Applied for \_\_\_\_ \_\_\_\_ Today's Date \_\_\_\_\_ Are you seeking: Full-time 🗌 Part-time 🗍 Temporary 🗍 employment? When could you start work? Last Name First Name Middle Name Telephone Number City Present Street Address Zip Code State (If you are hired, you may be required to submit proof of age.) If hired, you will be required to furnish proof of your eligibility to work in the U.S. If yes, when? Have you ever applied here before? Yes 🗌 No 🗌 No 🗌 If yes, when? Were you ever employed here? Yes 🗌 Have you ever been convicted of any law violation? No 🗌 If yes, give details (A conviction will not necessarily disgualify an applicant for employment.) If employed, do you expect to be engaged in any additional business or employment outside of our job? If yes, give details For Driving Jobs Only: Do you have a valid driver's license? ..... Yes 🗌 No 🗌 Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In No 🗌 If yes, give details: \_\_\_\_ List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.) Number of Diploma/ Subjects LIST NAME AND ADDRESS OF SCHOOLS Years Degree/ Studied Completed Certificate High School or GED: \_\_\_\_\_ College or University: \_\_\_\_ Vocational or Technical: What skills or additional training do you have that relate to the job for which you are applying? What machines or equipment can you operate that relate to the job for which you are applying? \_\_\_\_\_\_

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NAME OF EMPLOYER	JOB TITLE AND DUTIES		
ADDRESS	DATES OF EMPLOYMENT	(MO/YR): FROM	ТО
CITY, STATE, ZIP CODE	PAY: START \$	FINAL \$	
SUPERVISOR(S)	TELEPHONE		Reason For Leaving
NAME OF EMPLOYER	JOB TITLE AND DUTIES		
ADDRESS	DATES OF EMPLOYMENT	(MO/YR): FROM	ТО
CITY, STATE, ZIP CODE	PAY: START \$	FINAL \$	
SUPERVISOR(S)	TELEPHONE		Reason For Leaving
NAME OF EMPLOYER	JOB TITLE AND DUTIES		
ADDRESS	DATES OF EMPLOYMENT	DATES OF EMPLOYMENT (MO/YR): FROM TO	
CITY, STATE, ZIP CODE	PAY: START \$	FINAL \$	
SUPERVISOR(S)	TELEPHONE		Reason For Leaving
NAME OF EMPLOYER	JOB TITLE AND DUTIES		
ADDRESS	DATES OF EMPLOYMENT	(MO/YR): FROM	ТО
CITY, STATE, ZIP CODE	PAY: START \$	FINAL \$	
SUPERVISOR(S)	TELEPHONE		Reason For Leaving
-	ol under any other names?		Yes 🗌 No 🗌
	st we contact?		
lave you ever been fired from a job	or asked to resign?		
Give three references, not relatives	or former employers.		
Name	Address		Phone

## PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYEE, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature:

This application for employment will remain active for a limited time. Ask the organization's representative for details.

Date: