



# EMPLOYMENT APPLICATION

**INSTRUCTIONS:**

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE."
2. Complete both sides of this form.
3. Print clearly, incomplete or illegible applications will not be processed.

TODAY'S DATE: \_\_\_\_\_ HOW DID YOU HEAR ABOUT US:  Walk-In  Drive-by  
 Newspaper \_\_\_\_\_  
 Other \_\_\_\_\_  
(Please Specify)

NAME: \_\_\_\_\_  
Last First M.I.

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
Street City State Zip

PRIOR ADDRESS: \_\_\_\_\_  
Street City State Zip

**APPLICANT NOTE** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, termination of employment. All qualified applicants will receive consideration without discrimination due to sex, marital status, race, color, age, creed, religion, national origin, presence of disabilities, sexual orientation, status with regards to public assistance, or any other characteristic protected by law. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may also be required to complete a medical history form and be examined by a medical professional designated by the company.

**AVAILABILITY** For which position are you applying? \_\_\_\_\_  
 On what date can you start? \_\_\_\_\_ Are you legally able to work in the United States?  Yes  No

**EDUCATION** Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	GRADUATE?
High School		
College		
Other		

**SECURITY**

Yes  No Have you ever been convicted of a felony and/or served time in the past seven years? If so, please describe below.  
 (In accordance with company policy, this information will be reviewed for job relatedness and time since the last conviction. It will not necessarily affect your eligibility to be hired.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

**JOB-RELATED SKILLS**

**NOTE: Do not fill out any part of this section that you believe to be non-job related. Please exclude any information indicative of age, sex, religion, national origin, or disability.**

Yes  No If the job requires, do you have the appropriate valid drivers license?  
 DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

Yes  No Have you had any moving violations? Please describe: \_\_\_\_\_  
 Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company.

\_\_\_\_\_

**EMPLOYMENT REFERENCES**

Your employment application will not be considered unless every question is answered. Since we will make every effort to contact previous employers, the correct telephone numbers are critical. Please list employers starting with the most recent.

	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your current employer?
Company Name _____	City _____	State _____ Phone Number (____) _____
Dates Employed: From _____	To _____	Job Title _____ Supervisors Name _____
Duties _____		
Pay \$ _____	<input type="checkbox"/> Annually <input type="checkbox"/> Hourly	Reason for Leaving _____

  

	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your current employer?
Company Name _____	City _____	State _____ Phone Number (____) _____
Dates Employed: From _____	To _____	Job Title _____ Supervisors Name _____
Duties _____		
Pay \$ _____	<input type="checkbox"/> Annually <input type="checkbox"/> Hourly	Reason for Leaving _____

  

	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your current employer?
Company Name _____	City _____	State _____ Phone Number (____) _____
Dates Employed: From _____	To _____	Job Title _____ Supervisors Name _____
Duties _____		
Pay \$ _____	<input type="checkbox"/> Annually <input type="checkbox"/> Hourly	Reason for Leaving _____

**REFERENCES**

Include only individuals that are familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

**CERTIFICATION**

I certify that I have read and understand the applicant note on page one of this form and that the answers I have given to the foregoing questions and the statements are complete and true to the best of my knowledge and belief. I understand that false information, omission, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I also understand that the use of illegal drugs is prohibited during my employment. If company policy requires, I am willing to submit a drug test to detect the use of illegal drugs prior to and during employment. I agree that if I am employed, my employment shall not be construed as being for any definite period of time, but for an indefinite period, terminable at will by the company or me.

**RELEASE**

Signing certifies and authorizes the company and/or its agents including consumer-reporting bureaus to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, former employers, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Applicant Name (Please Print) \_\_\_\_\_  
First Last

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
(month/day/year)