

# Application FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Address</b>	<i>Number</i>	<i>Street</i>
	<i>City</i>	<i>State</i>
	<i>Zip Code</i>	
<b>Telephone Number(s)</b>	<b>Social Security Number (voluntary)</b>	

Best time to contact you at home is: ..... : \_\_\_\_ am pm

If you are under 18 years of age, can you provide required Proof of your eligibility to work .....  Yes       No

Have you ever filed an application with us before? .....  Yes       No  
 If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse work here? .....  Yes       No

Are you currently employed? .....  Yes       No

May we contact you present employer? .....  Yes       No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

*Proof of citizenship or immigration status will be required upon employment?* .....  Yes       No

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_ what is your desired salary range? \_\_\_\_\_

Are available to work: full-time (please indicate 1 2 3 shift)

Part-time (Please indicate Morning Afternoon evenings)

Temporary (please indicate dates available)

Are you currently on "lay-off" status and subject to recall? .....  Yes       No

Can you travel if job requires it? .....  Yes       No

Have you ever been convicted of a felony? .....  Yes       No  
 (A yes answer is not an automatic bar to employment)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## EDUCATION

	Name and address of school	Course of Study completed	No. of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate School				
Other (Specify)				

<b>Describe any specialized training, apprenticeship, skills and extra-curricular activities.</b>

<b>Describe any job-related training received in the United States military.</b>

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

**If you need additional space, please continue on a separate sheet of paper.**

List professional, trade, business or civic activities and offices held. <i>You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i>

**ADDITIONAL INFORMATION**

<b>Other Qualifications:</b> Summarize special job-related skills and qualifications acquired from employment or other experience.

**SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)**

___ Terminal	___ spreadsheet	<b>Production/Mobile Machinery (list)</b>	<b>Other (list)</b>
___ PC/MAC	___ Word Processing	_____	_____
___ Typewriter	___ Shorthand	_____	_____
___ WPM	___ WPM	_____	_____

State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  Yes  No

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an all "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date**

<b>FOR PERSONNEL DEPARTMENT USE ONLY</b>		
Arrange Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks	_____	
INTERVIEWER DATE	_____	
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment _____
Job Title _____	Hourly Rate/Salary _____	Department _____
By _____	_____	
	NAME AND TITLE	DATE

## REFERENCE AND BACKGROUND AUTHORIZATION

If you have a resume please do not reference it on the application. You can cut/copy/paste information from you resume directly into the relevant parts of the application. Make sure current and previous employer information is complete with phone numbers, supervisor's name, address, and dates of employment.

If you are offered a position, the Human Resources department will conduct a check of references and background.

I understand that any employment or offer of employment may be subject to a post-offer/pre-employment drug screen, employment history verification, criminal records search, consumer report if applicable, a physical examination and satisfactory verification of all job qualifications which may include, but not be limited to, academic credentials.

I understand that employment at \_\_\_\_\_ is at-will which means I may terminate My employment or \_\_\_\_\_ may terminate employment at any time for any reason Except and unlawful on representations to the contrary have been to me, and I further understand that no employee of \_\_\_\_\_ is authorized to make any such representation verbally or in writing contrary to the foregoing.

I hereby certify that the information contained in the Employment application is true and contains misrepresentation, falsification or omission. I understand that if I become employed at \_\_\_\_\_ any misrepresentation, falsification or omission may lead to termination of my employment.

If an offer of employment is extended to me, I understand that \_\_\_\_\_ may Request information such as Social Security number, birth date, and driver's license number/state of issuance that will be used for verification purposes.

I hereby authorize \_\_\_\_\_ to obtain a consumer report and/or criminal records Check to consult with representatives, employees, agents and others of any private or public institutions or Employers with which I have been associated or which have records concerning me and with others who may have information, personal or otherwise, either in writing or verbally. I release \_\_\_\_\_ and its agents and any person or entity, which provides information pursuant to this authorization from liability for any damage that my result from furnishing the information. The following is my rue and complete legal name, and all information is true and complete.

I have read and I agree to the above statements

\_\_\_\_\_  
Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

## In Case of Emergency Contac Information

Employee's name" \_\_\_\_\_ SSN# \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Please notify the person(s) listed below in case of an emergency:

Name:
Relationship:
Telephone Number:
Address
Name:
Relationship:
Telephone Number:
Address
Name:
Relationship:
Telephone Number:
Address

AND/OR

Name:
Relationship:
Telephone Number:
Address

Name of Doctor: _____	Phone #: _____
Are you allergic to anything? Describe: _____	
_____	

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

CORPORATE POLICY  
AND  
AT WILL STATUS AGREEMENT

I understand that except for employment at-will status, any and all policies or practices can be change at any time by \_\_\_\_\_ herein referred to as “the Company”.  
The Company reserves the right to change my hours, wages and working conditions at any time.

I understand and agree that nothing creates or is intended to create a promise or representation of continued employment and that employment at the Company is employment at-will, that may be terminated at the will of either the Company or myself.

My signature below certifies that I understand the foregoing agreement on at-will status is the sole and entire agreement between the Company and myself concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understandings and representations concerning my employment with the Company.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date