



APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

PLEASE PRINT

Date: _____

Social Security # _____

Name: _____ Home Phone: _____
Last First Middle Cell Phone: _____

Present Address: _____
Number Street City State Zip

County _____

Position Applied For: _____

Desired Salary/Salary Range: _____

If employed and you are under 18, can you furnish a work permit? Yes No

Are you prevented from lawfully becoming employed in the U.S.? Yes No

Have you filed an application here before? Yes No If yes, give date: _____

Have you ever been employed here before? Yes No If yes, give date: _____

Why did you leave? _____

Are you employed now? Yes No May we contact your present employer? Yes No

Do you prefer to work: Full-time Part-time Temporary

Can you travel, if a job requires it? Yes No

Are you on a lay-off and subject to recall? Yes No

Do any of your friends or relatives work here? Yes No If Yes, who _____

Have you ever been convicted of any misdemeanor for any offense involving fraud, dishonesty or moral turpitude? Yes No Have you ever been convicted of a felony? Yes No

(Note: A conviction will not necessarily bar you from employment. Each conviction will be reviewed on its own merit with respect to job-relatedness, time, circumstances and seriousness)

If you answered "yes" to a misdemeanor or felony, please explain: _____

Do you hold a valid driver's license? Yes No

Have you ever been bonded? Yes No Name of Company: _____

Have you ever been known by any name other than the one on this application? Yes No

If yes, please state name(s) _____

WORK HISTORY

Please list all full-time and part-time employment within the past ten years, starting with the most recent position. Use additional paper if necessary.

Company Name: _____ From: _____ To: _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
Street Address	City	State	Zip	Position/Dept.	Salary (start/end)
Describe Duties: _____ _____					
Reason for leaving: _____ Supervisor: _____ Phone # _____					

Company Name: _____ From: _____ To: _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
Street Address	City	State	Zip	Position/Dept.	Salary (start/end)
Describe Duties: _____ _____					
Reason for leaving: _____ Supervisor: _____ Phone # _____					

Company Name: _____ From: _____ To: _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
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Company Name: _____ From: _____ To: _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
Street Address	City	State	Zip	Position/Dept.	Salary (start/end)
Describe Duties: _____ _____					
Reason for leaving: _____ Supervisor: _____ Phone # _____					

EDUCATION / TRAINING

SCHOOL	NAME & ADDRESS	DIPLOMA/DEGREE
High School		
Business/Technical School		
College/University		
Graduate School		
Other Training		
Military (specify branch, rank, special training and type of discharge):		

OTHER SKILLS

Identify PC, equipment or machines you have experience/skills: (check all that apply)

Machines (please list machine type and years of experience):

	Years: _____		Years: _____
	Years: _____		Years: _____
	Years: _____		Years: _____
	Years: _____		Years: _____

Software:

<input type="checkbox"/> Microsoft Word :	Advanced	Intermediate	Beginner	None
<input type="checkbox"/> Microsoft Excel:	Advanced	Intermediate	Beginner	None
<input type="checkbox"/> Microsoft Powerpoint:	Advanced	Intermediate	Beginner	None
<input type="checkbox"/> Other _____	Advanced	Intermediate	Beginner	
<input type="checkbox"/> Other _____	Advanced	Intermediate	Beginner	

Other:

Typing _____ WPM Switchboard Other _____

Please give any further information which you believe would be helpful, including any specialized training, apprenticeship, skills, hobbies or interests which may have a direct bearing on the job you are seeking:

REFERENCES

Provide the name, address and telephone number of two references **who are not related to you** and who are not previous employers:

PLEASE READ CAREFULLY

(In accordance with Title 8, United States Code, Section 1234A, any employee, upon being hired, must complete Form I-9 and present the proper documents to verify identity and eligibility for employment in the US)

- I understand and agree that any misrepresenting, false or intentionally omitted information shall be considered sufficient cause for a denial of employment or termination of employment, at any time.
- I understand that nothing contained in this employment application or in granting an interview is intended to create an employment contract for either employment or the providing of benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding unless made in writing. I understand and agree that if an employment relationship is established, it is for no definite period and either the employer or I have the right to terminate employment at any time.
- It is understood and agreed, if requested, I will execute an employment agreement and an arbitration agreement as a condition of my employment.
- I fully understand that because of the nature of the business conducted by the company that all information, whether written, spoken or otherwise communicated or obtained, and all files and records of any and every description, relating to the business of the company or to anyone with whom the company has dealings, constitute privileged matters and are to be treated in a strictly confidential manner. I fully understand and agree that, should I enter the employ of the company, I am not to, and will not at any time, communicate or reveal any business of the company or any such information or records or files or the matter contained therein, to unauthorized personnel within the company, nor to anyone outside the company. I also understand that any violation of the foregoing shall be sufficient grounds for termination of my employment.
- In the event of my employment, I will comply with all rules and regulations as set forth in the company's policies or other communication distributed to employees and as amended from time to time.
- I understand and agree that, if I am offered employment, I may be subject to a pre-employment physical and/or drug screening.
- I further give authorization to conduct a background check as a requirement of employment, which may include, but not be limited to information on: past employment, character, education, criminal record, driving record, and/or financial record, as applicable, and I release from all liability all persons, companies and/or entities supplying or releasing such information.
- Information regarding the Family Medical Leave Act has been communicated to me as an applicant as required by law.

My signature below certifies that I have personally completed this application, and that all entries on it and all information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date