

EMPLOYMENT APPLICATION



Date: _____

An Equal Opportunity Employer

Personal Information

First Name: _____ Middle: _____ Last: _____

Street Address _____ City/State/Zip _____

City/State/Zip _____

Home Phone # _____ Mobile # _____ Email Address: _____

How did you find out about this job? Newspaper Referral _____ Other _____

If the job you are applying for requires driving: License#: _____ State Issued: _____ Exp Date: _____

Are you legally eligible for employment in the U.S.? Yes No (proof of U.S. citizenship or immigration status will be required if hired)

Have you ever been convicted of a crime, other than a minor traffic violation, in the last 7 years? Yes No

If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: Factors such as the type and seriousness of the crime, its relationship/relevance to the job, and how many years have passed since the conviction will be considered)

Employment Data

Are you seeking: Full-Time Part-Time Temporary

What position(s) are you applying for? _____ Salary Desired _____

What hours and shift(s) would you prefer to work? _____

Please indicate any shift(s) you would not be available to work: _____

Are you willing to work overtime? Yes No Weekends? Yes No Holiday? Yes No

Are you currently employed? Yes No If hired, when would you be able to start? _____

Have you ever worked for this company before? Yes No If yes, name used: _____

List any friends or relatives employed by this company: _____

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform the essential functions of the job with or without reasonable accommodation? Yes No Please describe which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need: _____

Education

	NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED DEGREE/MAJOR
HIGH SCHOOL				
COLLEGE				
POST-COLLEGE/ GRADUATE SCHOOL				

If currently in high school, are you enrolled in a recognized co-op program: Yes No

If yes, identify program and school: _____

Work History (please list your last 4 employers. Begin with the most recent)

1. Company _____ Address _____ Dates of Employment: From _____ To _____ Job Title _____ Describe duties briefly: _____ Specific reason for leaving: _____	Phone # with area code _____ City/State/Zip _____ Salary: Beginning _____ Ending _____ Supervisor's Name and Title _____
2. Company _____ Address _____ Dates of Employment: From _____ To _____ Job Title _____ Describe duties briefly: _____ Specific reason for leaving: _____	Phone # with area code _____ City/State/Zip _____ Salary: Beginning _____ Ending _____ Supervisor's Name and Title _____
3. Company _____ Address _____ Dates of Employment: From _____ To _____ Job Title _____ Describe duties briefly: _____ Specific reason for leaving: _____	Phone # with area code _____ City/State/Zip _____ Salary: Beginning _____ Ending _____ Supervisor's Name and Title _____

May we contact all of the employers listed above? Yes No If not, tell us which one(s) you do not wish us to contact and why:

REFERENCES

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Please Read the Following Carefully, Then Sign and Date the Application

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug/alcohol test required by me, whether prior to my employment or if employed by this company at any time thereafter. I understand and expressly agree that if employed by the company, storage areas provided for me (locker, desk, etc.) are open to investigation or search by the company without prior notice to me. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits and conditions at any time in writing. My employment is at will. Last, I have read and understand the above.

Applicant's Signature _____ Date _____

Check over the foregoing application, to ensure that it is complete and signed

All applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, job-related disability, sexual orientation or any other basis that is protected by federal, state or local law. This employment application is only active for 6 months. After this time period, a separate employment application must be submitted in order to be considered for employment.