



APPLICATION FOR EMPLOYMENT

1 INSTRUCTIONS - *Please Print*

PLEASE ANSWER ALL QUESTIONS. Resumes **are not** accepted in lieu of completion of this application. Note: This document was designed to use with several types of positions. Some questions may not be completely applicable to the job/position you are seeking; however, we ask that you fully complete all areas of information.

2 APPLICANT INFORMATION

Who Referred you to us: _____

Position(s) applied for: _____ Date of application: ____ / ____ / ____

Name:

Last _____ First: _____ M.I. _____ Other: _____

Address:

Street

City

State

Zip Code

Email: _____ Telephone #: () _____ Other Phone #: () _____

Are you under the age of 18? Yes No **(NOTE: If yes, you may be required to furnish proof of exemption or partial waiver as detailed by your State Child Labor Law.**

Have you previously filed an application with this company? Yes No If yes, gives date. _____

Have you previously been employed by this company? Yes No If yes, give date. _____

Telephone #: () _____ Other Phone #: () _____

Please list any relatives or friends who are employed at this work site and their relationship to you: _____

Can you perform the essential functions of the position for which you are applying? Yes No If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

Do you have the legal right to work in the United States? Yes No Date available for work? _____

(NOTE: You will be required to provide appropriate document(s) for completion of the I-9 at the time of employment)

Type of employment desired: Full-time Part-time Temporary Seasonal

Do you have a reliable means of transportation (which will enable you to be at work as required)? Yes No

Will you work overtime if asked? Yes No

If required, are you able to work evenings and weekends? Yes No

Are there any hours, shifts or days you will not work? Yes No If yes, explain _____

Desired Salary? _____

AN EQUAL OPPORTUNITY EMPLOYER



3 SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Other Languages: (Please indicate if read, written or spoken.) _____

Drivers License (only complete if required for position): Do you have a valid driver's license? Yes No
 If yes, Driver's License #: _____ (Class: A B C D E) State _____ Expiration Date: _____

4 EDUCATION DATA

| School | Print Name, Number and Street, City, State and Zip Code for Each School | No. of Yrs. Completed | Degree | Major Course of Study |
|--------------------------------------|---|-----------------------|--------|-----------------------|
| High School | | | | |
| | | | | |
| College | | | | |
| | | | | |
| Graduate School | | | | |
| | | | | |
| Trade, Bus., Night or Correspondence | | | | |
| | | | | |

Honors received: _____

5 REFERENCES - three individuals, not relatives whom you have known at least one (1) year.

| Name and Address | Telephone | Years Known |
|------------------|-----------|-------------|
| | | |
| | | |
| | | |

6 EMPLOYMENT EXPERIENCE - LIST YOUR LAST FOUR PREVIOUS EMPLOYERS (most recent first).

Account for all time periods including unemployment, self-employment and military service. This section must be completed in full in addition to any attached resume.

| Employer | Dates Employed | | Immediate Supervisor |
|--------------------|--------------------|-------|----------------------|
| | From | To | |
| Address | | | |
| Job Title | Hourly Rate/Salary | | Telephone Number |
| | Starting | Final | |
| Work Performed | | | |
| Reason for Leaving | | | |



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| | | | |
|--------------------|----------------|-------|----------------------|
| Employer | Dates Employed | | Immediate Supervisor |
| | From | To | |
| Address | | | |
| Job Title | Rate of Pay | | Telephone Number |
| | Starting | Final | |
| Work Performed | | | |
| Reason for Leaving | | | |

| | | | |
|--------------------|----------------|-------|----------------------|
| Employer | Dates Employed | | Immediate Supervisor |
| | From | To | |
| Address | | | |
| Job Title | Rate of Pay | | Telephone Number |
| | Starting | Final | |
| Work Performed | | | |
| Reason for Leaving | | | |

| | | | |
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| Address | | | |
| Job Title | Rate of Pay | | Telephone Number |
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| Work Performed | | | |
| Reason for Leaving | | | |

Please provide an explanation for any lapse of employment _____

Have you ever been dismissed or forced to resign from an employment? Yes No If yes, please explain. _____

APPLICANT'S STATEMENT, AUTHORIZATION, AND RELEASE

By submitting this application or other documents, I agree to conform to the rules and regulations of the Company, including an Introductory Period (if applicable). I certify that the information provided in this Application for Employment is correct and complete. I authorize the investigation of this information and give permission for the Company, or their designated representatives to contact schools, previous employers, personal references and others to verify the data I have supplied. I release and indemnify the Company from any claims or liability resulting from such inquiry. In addition, I release the schools, my previous employers, and other individuals from all liability as a result of responding to such inquiries. I understand that my misrepresentation, omission of fact(s), or incomplete information may disqualify me for employment with the Company. In addition, if I am employed by the Company, any discovery of misrepresentation or omission of fact(s) on this Application for Employment following my employment may result in discipline up to and including termination.

I understand and agree as a condition of continued employment that I will be required to take a drug and/or alcohol test as part of any work related accident investigation.

I understand that employment with the Company is for no guaranteed period of time and may be terminated by myself, the Company with or without notice. I acknowledge that any promise, policies, business practices, procedures, or documents (including the Company's Employee Handbook) do not constitute an employment contract or modification of the at-will employment relationship between Company and me.

- **Note:** Complete details of the Company's Drug Free Workplace Policy (if any) will be provided during the interview process.

THE COMPANY'S STATEMENT

The Company complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions regarding your ability to perform job-related responsibilities. If the Company extends an offer of employment to you, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination or drug screening.

The Company is an equal employment opportunity employer. It is the policy of the Company to make employment decisions without regard to race, color, religion, sex, age, national origin disability, sexual orientation, marital status or any other protected category.

Applicants who are accepted for employment with the Company should understand that while every effort is made to provide continuous work, there are no employment contracts and the permanency of any position is not guaranteed.



Disclaimer and Signature

Please read carefully before signing:

The Company is an equal opportunity employer. The Company does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Company to hire me. If I am hired, I understand that either the Company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Company has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the Company true and complete information on this application. No requested information has been concealed. I authorize the Company to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

LIMITATION OF CLAIMS: I agree that any action or suit against the company arising out of any employment or termination of employment must be brought within six months of the event giving rise to the claim or be forever barred. I waive any statute of limitations to the contrary.

Signature _____ Date _____