



## Employment Application

**An Equal Opportunity Employer** - Company is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

*Please print and fill out all sections*

### Applicant Information

Full Name:

Address:

City:

State:

Zip Code:

Email Address:

Phone #:

SSN #:

How were you referred to Company?

Have you ever applied to / worked for Company before?  Yes  No

If yes, please explain (include date):

Do you have any friends, relatives, or acquaintances working for Company?  Yes  No

If yes, state name & relationship:

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.)  Yes  No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  Yes  No

If hired, are you willing to submit to and pass a controlled substance test?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, with reasonable accommodation?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please describe the felony - state nature of the felony(s), when and where convicted and disposition of the case.

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

### Employment Positions

Position(s) applying for:

- Temporary work – such as summer or holiday work?  Yes  No
- Regular part-time work?  Yes  No
- Regular full-time work?  Yes  No

What days and hours are you available for work?

If applying for temporary work, when will you be available?

If hired, on what date can you start working?    /    /

Can you work on the weekends?  Yes  No

Can you work evenings?  Yes  No

Are you available to work overtime?  Yes  No

Salary desired: \$



## Education, Training and Experience

### High School:

School Name:

City:

State/Country:

Zip Code:

Number of years completed:

Did you graduate?  Yes  No

Degree / diploma earned:

### College / University:

School Name:

City:

State/Country:

Zip Code:

Number of years completed:

Did you graduate?  Yes  No

Degree / diploma earned:

### Vocational School:

School Name:

City:

State/Country:

Zip Code:

Number of years completed:

Did you graduate?  Yes  No

Degree / diploma earned:

### Military:

Branch:

Rank in Military:

Total Years of Service:

Skills/Duties:

Related Details:

### Additional Information:

Do you speak, write or understand any foreign languages?  Yes  No

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be:

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?  Yes  No

If yes, please explain:

## Employment History

Are you currently employed?  Yes  No

If you are currently employed, may we contact your current employer?  Yes  No

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer:  
Name of Supervisor:  
Phone #:  
Business Type:  
Address:  
City:  
State:  
Zip Code:  
Length of Employment (Include Dates):  
Position & Duties:  
Reason for Leaving:  
May we contact this employer for references?  Yes  No

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Name of Supervisor:  
Phone #:  
Business Type:  
Address:  
City:  
State:  
Zip Code:  
Length of Employment (Include Dates):  
Position & Duties:  
Reason for Leaving:  
May we contact this employer for references?  Yes  No

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Name of Employer:  
Name of Supervisor:  
Phone #:  
Business Type:  
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City:  
State:  
Zip Code:  
Length of Employment (Include Dates):  
Position & Duties:  
Reason for Leaving:  
May we contact this employer for references?  Yes  No

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## References

List below three persons who have knowledge of your work performance within the last four years:

Please include professional references only.

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First Name:  
Last Name:  
Phone #:  
Address:  
City:  
State:  
Zip Code:  
Occupation:  
Number of Years Acquainted:

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First Name:  
Last Name:  
Phone #:  
Address:  
City:  
State:  
Zip Code:  
Occupation:  
Number of Years Acquainted:

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Last Name:  
Phone #:  
Address:  
City:  
State:  
Zip Code:  
Occupation:  
Number of Years Acquainted:

**Please Read and Initial Each Paragraph, then Sign Below**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate termination from the company.

I understand that if I am employed, my employment is not permanent and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

**Applicant's Signature:** \_\_\_\_\_

**Date:**    /    /

