

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

(Application will remain active for 60 days)

Date \_\_\_\_\_



Position Applied For: \_\_\_\_\_ Referral Source \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
 Last First MI

ADDRESS: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_  
 Street City State Zip

Are you at least 18 years of age?  Yes  No

Are you an U.S. Citizen or legally authorized to work in the U.S.?  Yes  No

Date you are able to start work: \_\_\_\_\_

May we contact your current employer?  Yes  No

Are you on layoff status or subject to recall elsewhere?  Yes  No

Pay Expected: \$ \_\_\_\_\_ per \_\_\_\_\_

Are you willing and available to work?  On call  
 Days  Evenings  Nights  
 Overtime  Weekends  Holidays

If applying for a job which requires one, do you have a valid driver's license?  Yes  No

Do you have any relatives working for us?  Yes  No  
 If so, who? \_\_\_\_\_

Have you been convicted of a crime or released from prison in the last 10 years? \*  Yes  No

If so, explain \_\_\_\_\_

\* A "yes" answer will not necessarily bar applicant from employment.

Have you previously applied with us?  Yes  No  
 When \_\_\_\_\_

Have you previously worked with us?  Yes  No  
 When \_\_\_\_\_

Are any of your records under a different name?  Yes  No  
 If so, what name \_\_\_\_\_

Is there any reason you might be unable to meet our attendance requirements?  Yes  No  
 If yes, please explain \_\_\_\_\_

EDUCATION/ TRAINING	Name and Location of School	Did You Graduate?	Subjects Studied
High School			
College			
Other Training (particularly that led to license or certification)			

Are you taking or do you plan to take any additional education? If so, what? \_\_\_\_\_

**SKILLS / ABILITIES:**  
 List any machines you are skilled in using: \_\_\_\_\_

List any skills or abilities you have which are pertinent to the position, including hobbies or related interests: \_\_\_\_\_

**JOB REQUIREMENTS:** Do you believe you are capable of performing, with or without accommodation, "the essential functions of the job" for which you are applying?  Yes  No

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**PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE**

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Present or Last Employer:

Address and Phone:

Start Date: Leaving Date: Supervisor: Rate of Pay \$

Job Duties:

Why Did You Leave?

Previous Employer:

Address and Phone:

Start Date: Leaving Date: Supervisor: Rate of Pay \$

Job Duties:

Why Did You Leave?

Previous Employer:

Address and Phone:

Start Date: Leaving Date: Supervisor: Rate of Pay \$

Job Duties:

Why Did You Leave?

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**PERSONAL REFERENCES**

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Name: Phone ( )

Address:

Occupation: How Long Known:

Name: Phone ( )

Address:

Occupation: How Long Known:

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**PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION**

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As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the successful passing of a physical.

I CERTIFY that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false, misleading or incomplete statements on this application shall be grounds for dismissal.

I AUTHORIZE the company to investigate information concerning my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.

I UNDERSTAND and agree that my employment and compensation may be terminated at any time without prior notice, with or without cause, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing.

I UNDERSTAND that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_