

Employment Application

Please answer all questions completely in your handwriting in ink. Resumes are not accepted in lieu of the completion of this application.
 Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

I. PERSONAL INFORMATION

Last Name	First	Middle	Date
Street Address (last 10 yrs – see below for more than one address)		Home Phone	Work Phone
City	State	Zip	County
From	To		
Street Address	City	State	Zip
From	To		
Street Address	City	State	Zip
From	To		
Street Address	City	State	Zip
From	To		
Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" explain:		If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number			
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date:		Have you ever been employed by us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date:	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," name:			
Are you able to perform the essential functions of the position as described on the attached job description or as demonstrated by the company representative with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a crime or been a defendant in a civil action for an intentional tort? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list offense, date and disposition of the case: (Convictions will not necessarily disqualify you for the position.)			

II. EMPLOYMENT INTEREST

Position Desired	Date Available	Salary Desired	Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired <input type="checkbox"/> Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Days and hours available for work.		
How were you referred to our company? <input type="checkbox"/> Ad (Where) _____ <input type="checkbox"/> Employee Referral (Name) _____			
<input type="checkbox"/> Agency (Name) _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Walk - In			

III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Circle Last Yr Completed	Did you graduate?	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Technical			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	

IV. Skills If Applicable for Position for Which You Are Applying

Foreign Languages (indicate proficiency to speak, read and write)	Typing Speed	10 key by touch <input type="checkbox"/> Y <input type="checkbox"/> N
PC Skills (Indicate software used and proficiency)		
Other Skills		
Suited for work at this company? (Explain)		

V. EMPLOYMENT INFORMATION: Self-Employment, Military Service, Etc. for the Last 10 years
(Attach separate paper(s) if necessary)

1. Company Name		Phone		From (MO/Y)		To (MO/Y)	
Street Address		City	ST	Zip	Starting Pay \$	Ending Pay \$	
Job Title	Duties			Reason For Leaving			
Supervisor Name				May be Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Company Name		Phone		From (MO/Y)		To (MO/Y)	
Street Address		City	ST	Zip	Starting Pay \$	Ending Pay \$	
Job Title	Duties			Reason For Leaving			
Supervisor Name				May be Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Company Name		Phone		From (MO/Y)		To (MO/Y)	
Street Address		City	ST	Zip	Starting Pay \$	Ending Pay \$	
Job Title	Duties			Reason For Leaving			
Supervisor Name				May be Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Company Name		Phone		From (MO/Y)		To (MO/Y)	
Street Address		City	ST	Zip	Starting Pay \$	Ending Pay \$	
Job Title	Duties			Reason For Leaving			
Supervisor Name				May be Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

VI. ACKNOWLEDGEMENT (please read carefully, initial each paragraph and sign below)

Initial	The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, Chief Operating Officer or President, in writing,) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing
Initial	I authorize any person, school, current employer (except as expressly noted), past employer/s and organizations named in this application form (and accompanying resume or other documentation, if any) to provide the Company with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.
Initial	In consideration of employment, I agree to obey the rules and standards of the Company, I understand that nothing contained in this application or in the interview process is intended to create a contract between the Company and myself for either employment or for the providing of my benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or the Company. This constitutes my entire agreement with the Company with regard to the length of my employment.
Intl	I understand that as a condition of employment I may be required to take a pre-employment drug test.
Intl	I am able to perform the essential functions of the position with or without reasonable accommodation.
Intl	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to work in the US.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date.
Initial	I understand that as a condition of employment, I will be required to have direct deposit for payroll purposes within one month of employment, except in state where prohibited by law.
Intl	This Application will remain active for one year. Any applicant wishing to be considered for employment beyond one year should reapply

Applicant Signature:	Date:
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NOTICE TO APPLICANTS: This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files. This employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability, veteran status, citizenship status, or marital status. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.