

EMPLOYMENT APPLICATION



APPLICANT INFORMATION		
LAST NAME	FIRST NAME & MIDDLE INITIAL	
MAILING ADDRESS		
MOBILE PHONE 1	PHONE 2	EMAIL ADDRESS
Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)		<input type="checkbox"/> Yes <input type="checkbox"/> No

POSITION AVAILABLE			
What position are you applying for?		<input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-in	
How did you learn of the position available?		<input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Career Center <input type="checkbox"/> Company Website	
		<input type="checkbox"/> Referral: Name of Employee _____	
Have you been told the essential functions of the job or have you been provided a copy of the job description listing the essential functions of the job?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you travel if a job requires it?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYMENT TYPE DESIRED	HOURLY RATE DESIRED	SALARY DESIRED	AVAILABLE START DATE
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp			
Check all that you are willing to work <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Weekends <input type="checkbox"/> Days <input type="checkbox"/> Evenings			
AVAILABILITY	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
EMPLOYMENT STATUS			
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Employer	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

QUALIFICATION

Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

EDUCATION

SCHOOL NAME	LOCATION	YEARS ATTENDED	MAJOR & DEGREE, CERTIFICATION EARNED
OTHER / APPLICABLE TRAINING			

APPLICABLE SKILLS / PROFICIENCIES

List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.).

REFERENCES

Please list three professional references not related to you, with full name, phone number, email and relationship. If you don't have three professional references, then list personal, unrelated references.

NAME	COMPANY & POSITION	RELATIONSHIP	PHONE	EMAIL

EMPLOYMENT HISTORY

List each job held during the last seven (7) years with a minimum of three (3) employers. Start with your present or last job. Also, include any periods of unemployment, military service, and volunteer and/or part-time work experience. If necessary, use additional sheet to include related work history beyond seven (7) years.

EMPLOYER NAME	POSITION HELD	START DATE	END DATE
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT?	REASON FOR LEAVING
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cont. EMPLOYMENT HISTORY			

EMPLOYER NAME	POSITION HELD	START DATE	END DATE
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT?	REASON FOR LEAVING
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER NAME	POSITION HELD	START DATE	END DATE
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT?	REASON FOR LEAVING
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER NAME	POSITION HELD	START DATE	END DATE
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? YES or NO	REASON FOR LEAVING

READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION

Please initial each of the following paragraphs:

CERTIFICATION: I certify that the following information I provided is true and correct to the best of my knowledge, and I agree to have this information checked by the Company. I authorize the references listed to provide the Company with information about my previous employment and any other information they may have. I release all parties and persons, including the Company, from any and all liability for any damages for providing this information.

AT-WILL EMPLOYMENT: I understand that nothing in this application is intended to be, or is, an offer of employment or a promise of continued employment. I understand that if I become employed by the Company, my employment is for no specific term. I further understand that, except that for any periods of time that I am employed in a position covered by an express agreement that provides otherwise, my employment with the Company may be terminated at any time, with or without cause and or notice, at the will of either me or the Company. I further understand that no Company representative has any authority to enter to any agreement with me different or contrary to the foregoing.

ELIGIBILITY VERIFICATION: I understand that any false statement or omission on this application may prevent me from receiving an offer of employment, may result in withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the false statement is discovered.

I understand that any offer of employment is conditioned on satisfactory proof of my identity, that I am of legal age, and that I have legal authorization to work in the United States, I also understand that this may include the Company's receipt of satisfactory responses to reference requests, my passing of any required drug screening test, completion of a background check, if applicable, and satisfactory completion of a post-offer medical examination, if applicable.

SIGNATURE

PRINTED NAME	SIGNATURE	DATE