

EMPLOYMENT APPLICATION

Today's Date: _____

IDENTIFICATION: Please Print.

Name (First, Middle, Last):	Preferred Name:	Social Security Number:
Present Street Address, City, State, ZIP:		Telephone: ()
Temporary Street Address, City, State, ZIP:		Telephone: ()
Position Applied For (choose one current opening):		Available for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
Location Desired:		
Expected Earnings: \$ _____ per _____		
Date Available to Start:		Shift Preferred: <input type="checkbox"/> First Shift <input type="checkbox"/> Second Shift <input type="checkbox"/> Third Shift

EDUCATION:

INSTITUTION NAME AND LOCATION	GRADUATED		DEGREE RECEIVED	MAJOR/MINOR FIELD	GRADE POINT AVERAGE
	YES ✓	NO ✓			
High School Name / Location:					
Technical School Name / Location:					
College Name / Location:					
College Name / Location:					
Other / Location:					

MILITARY:

Dates of Service (Mo / Year): From: _____ To: _____	RESERVE MEMBERS COMPLETE	
Highest Rank:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> National Guard <input type="checkbox"/> AGR Program	Branch: _____
<input type="checkbox"/> Active <input type="checkbox"/> Reserve		Unit: _____

EMPLOYMENT HISTORY:

List your employment history beginning with the most recent employment first.
COMPLETE THIS SECTION IN ADDITION TO ANY RESUME YOU MAY SUBMIT.

Employer's Name:		List Major Duties Performed:
Employer's Address:		
Employer's Phone Number: ()	Month / Year Employed: From: To:	
Starting Position:	Supervisor's Name:	
Last Position:	Supervisor's Name:	
Base Salary: \$ _____ per _____	Other Cash Compensation: <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Other	
May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per _____	
Reason For Leaving:		
Employer's Name:		List Major Duties Performed:
Employer's Address:		
Employer's Phone Number: ()	Month / Year Employed: From: To:	
Starting Position:	Supervisor's Name:	
Last Position:	Supervisor's Name:	
Base Salary: \$ _____ per _____	Other Cash Compensation: <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Other	
May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per _____	
Reason For Leaving:		
Employer's Name:		List Major Duties Performed:
Employer's Address:		
Employer's Phone Number: ()	Month / Year Employed: From: To:	
Starting Position:	Supervisor's Name:	
Last Position:	Supervisor's Name:	
Base Salary: \$ _____ per _____	Other Cash Compensation: <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Other	
May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per _____	
Reason For Leaving:		
Employer's Name:		List Major Duties Performed:
Employer's Address:		
Employer's Phone Number: ()	Month / Year Employed: From: To:	
Starting Position:	Supervisor's Name:	
Last Position:	Supervisor's Name:	
Base Salary: \$ _____ per _____	Other Cash Compensation: <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Other	
May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per _____	
Reason For Leaving:		

GENERAL INFORMATION:

- Are you age 18 or older? Yes No
- Can you provide documents of proof of your citizenship and age? Yes No
- If not a U.S. Citizen, do you legally have the right to remain and work in the U.S.? Yes No
- Will you work overtime if required? Yes No
- Will you travel if position requires? Yes No
If yes, up to what percent of time: _____ %
- Will you relocate if position requires? Yes No
- Are you willing to take a physical exam at our expense? Yes No
- Have you ever worked for this company? Yes No
If yes, when and where? _____
Under what name? _____

• How were you referred to the company?

- Are any of your relatives employed by this company? Yes No
Please give name(s): _____

- Have you ever been convicted for a criminal violation? (Do not include minor traffic violations) Yes No
If yes, please explain conviction. NOTE: A conviction will not necessarily bar you from Employment as each conviction will be assessed with respect to time, circumstances, And seriousness as they relate to your employment.

- In what business, professional or civic organizations are you active? Exclude those indicating race, color, religion, national origin, sex, age or disability. List any honors or awards which are significant. List any patents (granted or pending) and all licenses.

REFERENCES: List individuals personally acquainted with your performance. List personal references ONLY if you have no occupational references.

NAME	TITLE	ORGANIZATIONAL ADDRESS	TELEPHONE NUMBER
			()
			()
			()

OTHER QUALIFICATIONS, SKILLS AND COMMENTS:

List other qualifications and skills related to the position desired, such as professional or technical licenses, Registrations, special training, typing, word processing, shorthand, etc. You may also list any other information you would like in this space.

CERTIFICATION: Read the following carefully.

I certify that the information provided by me on this application is correct. I understand that the furnishing of any misleading or incorrect information on this application or its attachments will be just cause for termination should I become employed at this company. I hereby give permission to the persons and companies named on this application and its attachments to provide any pertinent information to this company, or its duly authorized representative except where otherwise indicated. I release said parties from all liability for any damages resulting from issuance of such information.

I understand that, if employed, my employment is for no fixed term, and that neither this application nor any offer of employment by us constitutes a contract of employment. My employment may be discontinued, with or without notice, by me or this company, at any time, I understand that no employee, officer, or agent of the company may bind it to anything contrary to the above by oral or printed statements, including hand books, benefit booklets or other forms of communication.

As a condition of employment, I hereby voluntarily give my consent to this company and its designated agents to do urinalysis and/or blood testing for alcohol and/or controlled substances. Such testing may occur as a precondition to my being employed, or anytime during my employment with this company when there is reasonable cause to believe that a violation of the alcohol and drug abuse guideline exists. I understand that refusal to submit to such testing will result in my termination.

Although we greatly appreciate your interest in employment with us, only the most qualified applicants will receive a response from us.

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY: Applicant - do not write below this line.

- No position available Not qualified
- Considered - interviewed Offer extended & refused
- Date _____ With whom _____ Hired
- Considered - not interviewed

Comments:

