

Date: _____



Application for Employment

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Position(s) applying for _____

Personal Information

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Social Security Number _____ - _____ - _____

Driver License #: _____ State: _____

Current Address: _____
Street and Apt. # City State Zip Code

Permanent Address: _____
Street and Apt. # City State Zip Code

Telephone _____ Mobile Phone _____ E-mail _____

Were you previously employed by us? Yes No If yes, give date(s) and position(s) _____

If your application is considered favorably, on what date will you be available for work? _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) Yes No

Have you been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company names and details. _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

Have you ever had any bond coverage modified or revoked or has any application for a bond ever been declined? If you answered yes, please explain:

Have you been convicted of a crime in the past seven years? Yes No

(you are not obligated to disclose sealed or expunged criminal records)

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.

If you answered yes, please explain:

Are there other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicants should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)

List below present and past employment, beginning with your most recent.

Employer	Telephone #	Dates employed: Month / Year to Month / Year
Street address	City	State
		Compensation (Starting)
Type of Business	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Starting job title/final job title		Compensation (Final)
Immediate supervisor (for most recent position held)		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Why did you leave?		

Summarize the type of work you performed and job responsibilities:

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Street address	City	State
		Compensation (Starting)
Type of Business	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
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Starting job title/final job title		Compensation (Final)
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Why did you leave?		

Summarize the type of work you performed and job responsibilities:

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

I hereby give permission to contact the employers listed on the previous page concerning my prior work experience

Signed _____

If there is a particular employer(s) you do not wish us to contact please indicate which one(s). _____

Educational Background

Starting with your most recent school attended, provide the following information.

Name and Address of School	Course of Study	Did You Graduate?	Completed
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____

References

List three business/work references who are not related to you and are not previous supervisors.

If not applicable, list three schools or personal references (of no relation).

Name and Occupation	Address	Relationship to You	Daytime Telephone	Number of Years Known

Application Statement

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that any false statement on this application may result in my disqualification for employment or, if employed, my dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment.

I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an offer of the company has any authority to enter into any employment agreement, and only in a writing signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____