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| APPLICATION FOR EMPLOYMENT Please print or type all information except signature. | | |
| GENERAL INFORMATION | | Date |
| Position(s) Applied For:                              \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Name | | |
| Last First Middle | | |
| Address | | |
| Number Street City State Zip | | |
| Home Telephone (     )                      Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cell Phone (     )                      Salary desired: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| If under 18, can you provide a work permit?  Yes  No  Have you ever been employed here before?  Yes No If yes, give Date                   Are you currently employed?  Yes  No If yes, may we contact your employer?  Yes  No  Are you a United States citizen?  Yes  No If no, do you have a valid work permit?  Yes  No (Proof of citizenship or immigration status may be required upon employment)  Employment desired:  Full-Time  Part-Time Date available for work:             Have you been convict of a crime?  Yes  No If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| EDUCATION | | | | | |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
| High School |  |  | |  |  |
| College |  |  | |  |  |
| Graduate School |  |  | |  |  |
| Bus. or Trade School |  |  | |  |  |
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| LIST JOB RELATED SKILLS:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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| DRIVER’S LICENSE (Only for positions which require driving) | | | | | |
| Do you have a valid driver’s license?  Yes  No | | | | | |
| Driver’s license number                           State of issue            Expiration date | | | | | |
| Have you had any accidents in the past three years?  Yes  No | | | How many? | | |
| Have you had any violations in the past three years?  Yes  No | | | How many? | | |
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| MILITARY | | | | | |
| Are you a veteran of the United States military service?  Yes  No If yes, what branch? | | | | | |
| If yes, Date Entered                          Date Discharged | | | | | |
| If yes, please describe any special skills or training acquired while in the service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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| WORK EXPERIENCE  Please list your work experience beginning with your most recent job. If you were self-employed, give firm name. | | |
| Most Recent Employer name: | Dates Employed:  From:                  To: | Work Performed: |
| Address: | Supervisor: |
| Job Title: | Reason for Leaving: |
| Employer name: | Dates Employed:  From:  To: | Work Performed: |
| Address: | Supervisor: |
| Job Title: | Reason for Leaving: |
| Employer name: | Dates Employed:  From:  To: | Work Performed: |
| Address: | Supervisor: |
| Job Title: | Reason for Leaving: |
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| REFERENCES: Please list three references other than relatives or previous employers. | |
| Name: | Address: |
| Company: | Telephone: (    ) |
| Name: | Address: |
| Company: | Telephone: (    ) |
| Name: | Address: |
| Company: | Telephone: (    ) |
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| WAIVERS AND DISCLOSURES  Please read each section carefully and sign where indicated.  AT-WILL EMPLOYMENT  It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.­­­­­­­­­­­­­­­  CERTIFICATION OF TRUTH AND ACCURACY  I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.  NOTIFICATION AND AUTHORIZATION TO REQUIRE A PRE-EMPLOYMENT DRUG SCREEN  I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment drug screen.  NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION  I understand that I may be subject to a background check, and hereby authorize Frame of Mind, Inc. or its agent, to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.  I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.  PLEASE SIGN HERE:                                               Date: | |
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