## **APPLICATION FOR EMPLOYMENT**



## **An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for		Today's Date				
Are you seeking: Full-time	Part-time  Tempo	orary D employment?	When could you	start work?		
Last Name	First Name	Middle Nan	ne	Telephone Number		
Present Street Address		City	State	Zip (	Code	
	r older? required to submit proof of age.)			Yes 🗖	No 🗖	
Social Security #	If hired, ca	n you furnish proof you a	re eligible to work in t	ne U.S.? Yes 🗖	No 🗖	
	re before? Yes \( \text{No } \text{D} \)					
	icted of any law violation? Inc est." Exclude minor traffic vio	•		Yes 🗆	] No □	
If yes, give details (A conviction will no	s	ant for employment.)				
If employed, do you exped	et to be engaged in any additiour job?	ional business		_	] No □	
If yes, give details	3					
Do you have a valid drive	r's license?			Yes [	□ No □	
Driver's License	Number		Class of License	State Licensed In		
Have you had y	our driver's license suspende	ed or revoked in the last 3	years?	Yes [	□ No □	
If yes, giv	e details:				<del> </del>	
	usiness or civic activities and nal origin, sex, age, disability					
LIST NAME AND ADD	RESS OF SCHOOLS		Number of Years Completed		Subjects Studied	
High School or GED:						
College or University:						
Vocational or Technical: _						
What skills or additional tr	aining do you have that relate	e to the job for which you	are applying?			
What machines or equipm	nent can you operate that rela	ate to the job for which yo	u are applying?			

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. if self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers. NAME OF EMPLOYER JOB TITLE AND DUTIES **ADDRESS** DATES OF EMPLOYMENT (MO/YR): FROM TO CITY, STATE, ZIP CODE PAY: START \$ FINAL \$ SUPERVISOR(S) TELEPHONE REASON FOR LEAVING NAME OF EMPLOYER JOB TITLE AND DUTIES **ADDRESS** DATES OF EMPLOYMENT (MO/YR): FROM TO CITY, STATE, ZIP CODE PAY: START \$ FINAL \$ REASON FOR LEAVING SUPERVISOR(S) TELEPHONE NAME OF EMPLOYER JOB TITLE AND DUTIES ADDRESS DATES OF EMPLOYMENT (MO/YR): FROM TO CITY, STATE, ZIP CODE PAY: START \$ FINAL \$ REASON FOR LEAVING SUPERVISOR(S) **TELEPHONE** NAME OF EMPLOYER JOB TITLE AND DUTIES DATES OF EMPLOYMENT (MO/YR): FROM TO ADDRESS CITY, STATE, ZIP CODE PAY: START \$ FINAL \$ SUPERVISOR(S) **TELEPHONE** REASON FOR LEAVING If yes, give names: If yes, whom do you suggest we contact? Have you ever been fired from a job or asked to resign?......Yes D No D If yes, please explain: Give three references, not relatives or former employers. Name **Address Phone** PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING Lertify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or postemployment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-

employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT
OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature:	Date:	