



## APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete Application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Are you age 21 or older? (yes or no) \_\_\_\_\_

Are you willing to consent to a drug test and background check, including motor vehicle record?  
(yes or no) \_\_\_\_\_

How did you hear about this position (employee referral, ad, web positing, etc.?)  
\_\_\_\_\_

Are you legally authorized to work for this Company in the United States? Y \_\_\_ N \_\_\_

Will you now or in the future require sponsorship by this Company to attain or maintain your  
employment status? Y \_\_\_ N \_\_\_

*Note: If hired, you must complete Section 1 on Form I-9 required by the U.S. Immigration and Naturalization Service no later than first day of work and provide the documentation required by Section 2 no later than three (3) business days after you start work. A copy of the back of Form I-9, listing acceptable documentation, is available.*

On what date would you be available for work? \_\_\_\_\_

Type of work sought? Full Time \_\_\_ Part Time \*\*\* Temporary \_\_\_ Desired hourly rate \_\_\_\_\_

Are you able to lift up to a 50 lb box? (yes or no) \_\_\_\_\_

Thank you for your interest in employment with this Company. The Company is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant on the basis of age, sex, sexual orientation, gender, gender identity or expression, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, familial status, genetic information, uniform service or veteran status or any other legally protected basis under applicable federal, state or local laws, regulations or ordinances. The Company will provide reasonable accommodations to allow an applicant to participate in the application and hiring process if requested. Please inform us if you need assistance completing any forms or to otherwise participate in the application process.

**EMPLOYMENT EXPERIENCE**

Start with your current or most recent position. Include military service assignments and work performed on a volunteer basis.

Current Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title			
Supervisor			
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title			
Supervisor			
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title			
Supervisor			
Reason for Leaving			

**If you need additional space, please continue on a separate sheet of paper.**

May we contact your present and former employers? If no, please identify the employer(s) and explain.

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_____
_____

Give name, address, telephone number, and position of three business or personal references.

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## **EDUCATION**

	<b>High School</b>	<b>College/University</b>	<b>Graduate/Professional</b>
<b>School Name</b>			
<b>City, State, Country</b>			
<b>Years Completed (circle)</b>	<b>9 10 11 12</b>	<b>1 2 3 4</b>	<b>1 2 3 4</b>
<b>Diploma/Degree</b>			
<b>Describe Course of Study</b>			
<b>Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities</b>			

State any additional information you feel may be helpful to us in considering your application.

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**APPLICANT CERTIFICATION****CERTIFICATION - PLEASE READ CAREFULLY BEFORE SIGNING**

I consent to and authorize the Company to contact my former employers, and any and all other persons and organizations for information bearing upon my qualifications for employment. Unless I noted otherwise, I further authorize the listed employers, schools, and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with other pertinent information they may have and hereby waive any actions which I may have against either party/parties for providing a reference as part of this application process. I understand that any employment or offer of employment arising from this Application for Employment will be subject to satisfactory verification of all job qualifications and information contained in this Application for Employment, which may include academic credentials, licenses, professional designations, references, credit and employment history, motor vehicles and other background checks, to the extent permitted by and in accordance with applicable law.

\_\_\_\_\_ (Please initial here to indicate that you have read and understand the above paragraph.)

**I expressly agree and understand that completion of this application is a preliminary step to employment. It does not obligate the Company to offer me employment or for me to accept employment. I further agree and understand that in the event I am employed by the Company, my employment with the Company will be "at will."** This means that my employment is not for a specified term and that it may be terminated by the Company or me at any time, for any reason, with or without cause or notice. **I understand that no document or any statement of any employee of the Company constitutes a contract of employment between me and the Company that in any way alters or changes my employment at will status.** I further understand that the at-will nature of my employment cannot be changed, on an individual or collective basis, except by a formal written contract, stating it is a contract of employment, signed by the President/CEO of the Company. I understand that this Application for Employment does not constitute an agreement or contract for employment between me and the Company.

\_\_\_\_\_ (Please initial here to indicate that you have read and understand the above paragraph.)

In the event I am employed by the Company, I understand that I will be expected to comply with all rules and regulations as set forth in the Company's policies and in any communications made to me. I understand that while the company makes every effort to accommodate individual preferences, business needs may make the following necessary: overtime; shift work; a rotating work schedule; a work schedule that includes weekend work.

\_\_\_\_\_ (Please initial here to indicate that you have read and understand the above paragraph.)

**By my signature below, I certify under penalty of perjury that all of the foregoing information is true and complete, and I understand that any falsification or omission of information may result in denial of employment; or, if I am employed by the Company, may result in termination regardless of the time lapse before discovery.**

**ARIZONA APPLICANTS ONLY:** THE SMOKE-FREE ARIZONA ACT, A.R.S. § 36-601.01, PROHIBITS SMOKING IN PLACES OF EMPLOYMENT AND WITHIN 20 FEET OF ALL ENTRANCES, OPEN WINDOWS, OR VENTILATION SYSTEMS.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name (please print): \_\_\_\_\_