

Application for Employment

It is the policy of the company to provide equal employment opportunities to all applicants and employees without regard to any characteristic protected by federal, state or local law.

Please print.

Applicant Name: First	Middle	Last

Address	City	State	Zip

Telephone Number	Email Address

Position(s) Applied For	Date of Application

Salary Expected

How did you learn about Company?

☐ Advertisement

☐ Employee Referral—Which employee?

☐ Other—Specify:

Have you applied for a position with us before? ☐ No ☐ Yes

Have you ever been employed with us before? ☐ No ☐ Yes—Specify date and position:

Are you currently employed? ☐ No ☐ Yes

Are you currently on "lay-off" status and subject to recall? ☐ No ☐ Yes

On what date would you be available for work?

Are you available to work: ☐ Full-time ☐ Part-time

What hours are you available to work? _____

Are you legally permitted to work in the United States? ☐ Yes ☐ No

NOTE: Proof of eligibility will be required within three working days of employment.

Are you 18 years of age or older? ☐ Yes ☐ No

Have you ever gone by a name other than the one listed above? ☐ No ☐ Yes—Please list:

EDUCATION

Name of Highschool

Location

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Years Completed

Degree/Major

--	--	--

Diploma obtained?

☐

Yes

☐

No

Name of College

Location

--	--

Years Completed

Degree/Major

--	--	--

Diploma obtained?

☐

Yes

☐

No

Name of College

Location

--	--

Years Completed

Degree/Major

--	--	--

Diploma obtained?

☐

Yes

☐

No

EMPLOYMENT HISTORY

Employer	Supervisor		
Address	Phone		
Position Title and Duties			
Starting Date	Ending Date		
Why did you leave this job?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Supervisor		
Address	Phone		
Position Title and Duties			
Starting Date	Ending Date		
Why did you leave this job?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Supervisor		
Address	Phone		
Position Title and Duties			
Starting Date	Ending Date		
Why did you leave this job?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Why do you want to leave your current employer (if any)?

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Why do you want to work for our company?

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REFERENCES

Name	Phone Number	Years Known

ADDITIONAL INFORMATION

Activities You Participate(d) In

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Awards or Honors Received:

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Licenses or Certifications

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Can you perform all necessary job functions with or without reasonable accommodation?

☐ Yes ☐ No

APPLICANT'S STATEMENT

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from the Company.

I allow the Company to conduct investigations on me, my background and my performance, and am aware that such investigations will become a part of my employment record. With this, I authorize the Company to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to the Company, and release them of liabilities and damages of all kinds for providing this information. I authorize the Company to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to the Company for education verification purposes.

I release Company from liability for collecting information about me and using it to make employment decisions.

If I become employed by the Company, I understand that the employment relationship will be "at will," and that the "at will" status may not change at any time unless specifically approved, in writing, by the CEO of the Company.

This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.

Signature of Applicant

Date

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