



# EMPLOYMENT APPLICATION

**POSITION APPLIED FOR:** \_\_\_\_\_ **APPLICATION DATE:** \_\_\_\_\_  
Title of Position mm / dd / yy

Our company ("Company") fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable federal, state and/or local laws, it is our policy to provide reasonable accommodation upon request during the application process to applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal, state and/or local employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, The Company maintains a smoke- free workplace.

## PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Current Address, Number & Street, Suite, Unit, Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please Check Preferred Method of Contact  Direct Contact Number  Secondary Contact Number  E-Mail Address \_\_\_\_\_

If you are under 18 years of age: (This information will be used only for child labor law purposes, skip if older than 18)  
•Please specify your age: \_\_\_\_\_ Age at Application Date •Do you have a valid work permit?  Yes  No  
Check One

What type of work are you seeking?  
Regular Full-Time.....  Yes  No  
Regular Part-Time.....  Yes  No  
Temporary (Ex. Summer, Paid Internship).....  Yes  No

What are your days and hours of availability for work? \_\_\_\_\_  
(Regular 1<sup>st</sup> Shift hours run from 7:00am-3:30pm, 2<sup>nd</sup> Shift from 3:15pm – 11:15pm)

(\*NOTE: It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.)

If applying for Temporary work, what period of time are you available for? \_\_\_\_\_ to \_\_\_\_\_  
Start mm/yy End mm/yy

Are you willing to work overtime as needed, both weekdays and weekends?  Yes  No

What is your earliest Start Date? \_\_\_\_\_ Salary or wage desired? \_\_\_\_\_  
mm / dd / yyyy Hourly Annual

If hired, do you have a reliable means of transportation to and from work?.....  Yes  No



Are you licensed/certified for the job you are applying for?..... Yes No

If yes:

Name/Type of License: \_\_\_\_\_ Issuing State \_\_\_\_\_

License/Certificate Number: \_\_\_\_\_

Has your license/certification ever been suspended or revoked? )..... Yes No

If yes, please explain below:

## EMPLOYMENT HISTORY

Please list below for all full-time and part-time employment beginning with the most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job and provide up to five (5) years of history (a separate sheet may be attached).

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name of Supervisor

May we contact: Yes No

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_  
MM/YY MM/YY

Describe Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name of Supervisor

May we contact: Yes No

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_  
MM/YY MM/YY

Describe Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name of Supervisor

May we contact: Yes No

Dates Employed: From \_\_\_\_\_  
MM/YY

To \_\_\_\_\_  
MM/YY

Job Title: \_\_\_\_\_

Describe Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name of Supervisor

May we contact: Yes No

Dates Employed: From \_\_\_\_\_  
MM/YY

To \_\_\_\_\_  
MM/YY

Job Title: \_\_\_\_\_

Describe Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name of Supervisor

May we contact: Yes No

Dates Employed: From \_\_\_\_\_  
MM/YY

To \_\_\_\_\_  
MM/YY

Job Title: \_\_\_\_\_

Describe Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged or asked to resign from employment? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Did you receive any discipline in your last 12 months of active employment with your previous employer? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Were you given a performance evaluation within the last 12 months of active employment? Yes No

If yes, what was the range of scores used and what was your score? \_\_\_\_\_  
\_\_\_\_\_

Have you signed any non-competition or non-solicitation agreement or any other kind of agreement with any other employer that might restrict you from working for the Company (you will be required to furnish a copy of the agreement if you are being considered for hire)? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES**

(Please list three individuals unrelated to you with whom you have worked, that know your qualifications for this position.)

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |

**MILITARY HISTORY**

(Complete only if you served in the military.)

Branch of Service: \_\_\_\_\_ Total Years & Months of Service: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Military Occupational Specialty: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Describe any military skills, training or experience you believe are relevant to the job you applied for:

## APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given herein and during the entire application process (including but not limited to information provided in resumes, attachments to this application, interviews or otherwise [if applicable]) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.

I consent to and authorize the Company and ADP TotalSource® to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company or ADP TotalSource® (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I expressly agree and understand that, if employed, my employment is not for a specific term, is based on mutual consent and may be terminated by me or the Company or ADP TotalSource® with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom, business practice or other procedure (including the basic employment policies, personnel handbook or any personnel manuals) constitutes an employment contract or modification of that at-will employment relationship between me and the Company or ADP TotalSource®.

I also understand that my at-will employment status with the Company may only be altered in an individual case or generally in a writing signed by the Owner, President, or CEO of the Company and that my at-will status with ADP TotalSource® may only be altered in an individual case or generally in a writing signed by the President of ADP TotalSource®.

I understand that I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests, take a driver's examination or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, I understand that my employment is contingent on a satisfactory result on all required tests. I authorize the Company and ADP TotalSource® to release the results of my pre-employment drug/alcohol test (if any), any information on this application and any relevant information about me to each other and to other ADP TotalSource® clients for whom I have applied for employment, and release the Company, ADP TotalSource® and its clients from any and all claims related to the lawful release of this information, I further authorize the release of any background check result and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

I understand the Company or ADP TotalSource® may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics or mode of living during its evaluation of my application for employment and, if employed, during my employment.

By checking the following box, I waive my right to receive copies of public records obtained by the Company or ADP TotalSource®.

\_\_\_\_\_  
Applicant Signature

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