

## Application for Employment

Position(s) applied for:  Date:

Name:  SSN:

Address:  City, State:  Zip:  Phone:

Where did you hear about job opening?  Date Available for Work:

Referred by:  Shifts available: Days  Nights

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

Have you ever worked for us before? ☐ Yes ☐ No If yes, when?

Have you ever worked on the Micron campus? ☐ Yes ☐ No If yes, when?

Are you presently employed? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Email

### EMPLOYMENT HISTORY – LIST YOUR LAST FOUR EMPLOYERS, WITH THE MOST RECENT FIRST

Employment Dates	Employer Name/Address/Phone	Position Held	Pay Rate
From: <input type="text"/>	To: <input type="text"/>		
Supervisor's Name & Tel. # <input type="text"/>		Reason for Leaving: <input type="text"/>	
Employment Dates	Employer Name/Address/Phone	Position Held	Pay Rate
From: <input type="text"/>	To: <input type="text"/>		
Supervisor's Name & Tel. # <input type="text"/>		Reason for Leaving: <input type="text"/>	
Employment Dates	Employer Name/Address/Phone	Position Held	Pay Rate
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Supervisor's Name & Tel. # <input type="text"/>		Reason for Leaving: <input type="text"/>	
Employment Dates	Employer Name/Address/Phone	Position Held	Pay Rate
From: <input type="text"/>	To: <input type="text"/>		
Supervisor's Name & Tel. # <input type="text"/>		Reason for Leaving: <input type="text"/>	

I understand and agree that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or immediate dismissal if employed.

I authorize the Company to solicit the information desired in connection with my application for employment. I realize that this investigation may include contacting my prior employers, supervisors, references, schools, etc. I authorize each individual and organization to release such information and I release from all liability or responsibility all persons, companies, or organizations supplying such information.

I understand that the Company has a strong policy concerning alcohol and drug use and that after a conditional offer of employment, I will have to take a drug/alcohol screening test. I also understand that during my course of employment with the Company, I may be required to submit to drug and alcohol testing as defined by the Company.

I understand that employment is at-will and that I am free to resign at any time, and that the Company reserves the right to terminate my employment at any time, with or without cause and without prior notice. I also understand that no representative of the Company has the authority to make any assurances to the contrary.

I understand and authorize the Company to obtain a credit file or criminal check on me if deemed necessary at any time during the application phase or during my employment with the Company.

I understand that if I drive Company vehicles that I must keep my drivers' license and CDL's current and I must immediately report any traffic violations received on or off work to the Human Resources Department.

I certify the information in this application form is correct and complete.

Signature of Applicant <input type="text"/>	Date <input type="text"/>
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Have you ever been tried or convicted of (or pleaded no lo contender) to a misdemeanor or felony? Yes\_\_\_\_\_ No\_\_\_\_\_.

If yes, please explain fully, indicate the conviction, and specify date\_\_\_\_\_

Have you ever been terminated (or requested to resign) from prior employment? \_\_\_\_ Yes \_\_\_\_ No. If yes, please explain fully and indicate date, name, and telephone number of the person(s) who terminated you (or requested the resignation). Additional space for details on reverse side.

#### EDUCATIONAL BACKGROUND

Name and Location	Years Completed	Did You Graduate?	Major/Course of Study	Degree
High School:				
College:				
Other (Vocation/Trade/Specialized Training)				

#### TRAINING/ SKILLS

Please list any trainings you currently have: (IE OSHA 10, OSHA 30, Forklift certification, Rigging, CPR etc)

#### DRIVING INFORMATION

The following information concerning driving only needs to be filled out if you desire to be considered for a position requiring operation of a vehicle. If the answer to questions 2 through 6 is "YES", explain additional information below.

1	Do you have a current, valid driver's license?	Yes	No
2	Have you had a vehicle accident of any type within the last 3 years?	Yes	No
3	Have you been convicted or forfeited bail for moving violations in the last 3 years?	Yes	No
4	Has your auto insurance ever been cancelled or has any company declined to insure you?	Yes	No
5	Has your driver's license or chauffeur's license ever been restricted, revoked, or suspended? (When, where, and why?)	Yes	No
6	Have you been convicted or forfeited bail for reckless or drunk driving in the last 3 years?	Yes	No
7	Do you have a CDL license?	Yes	No

If yes, give class, endorsements, and restrictions:

Additional Information:

NOTE: This Application must be completely filled out by the applicant. Every question must be answered fully and completely. Any incomplete application cannot be accepted.