APPLICATION FOR EMPLOYMENT

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|  Federal law prohibits discrimination in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. This Company plans to verify the accuracy of the statements you make on this application. This application will receive consideration for thirty (30) days. If you have not heard from the Company within thirty days and wish to receive further consideration for employment, you must reapply in person.   |
| PERSONAL INFORMATION  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name  |
|  Last First Middle  Present Address  |
|  City State Phone No. Referred By  |
|  Are you 18 years or older? Yes \_\_\_\_ No \_\_\_\_ If no, list date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  (mo) (day) (year)  |
| GENERAL  Are you legally eligible for employment in the United States? □ Yes □ No Proof of eligibility will be required before you can be employed.  |
|  What date are you available for employment?  |
|  Have you ever applied for a position with this Company? □ Yes □ No Location When  |
|  Are you presently on layoff or leave of absence from any other company? □ Yes □ No If yes, explain here:  |
|    |
| Have you ever pleaded guilty to, “no contest” to, or been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_ If “yes” please state citation, date, and place where offense occurred. (A “yes” answer will not automatically disqualify you from consideration.)   |
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| EDUCATION  |
|  Elementary School:  |  Circle grade completed: 1 2 3 4 5 6 7 8  |
| High School Location:  |  Circle grade completed: 1 2 3 4  | Did you graduate? □Yes □No  |
| College(s) Location(s): (include Junior and Community)  | Date From  | Date To  | Date Graduated  | Date Degree Received/Expected  |  Course major/field  |
|    |    |    |    |    |    |
|    |    |    |    |    |    |
|    |    |    |    |    |    |
| Other job-related educational Institutions  |    |    |    |    |    |

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| WORK REFERENCES  |
| Type of employment desired?  □ Full-time □ Part-time □ Summer  | Will you work Shifts?  |
| For what type of position Are you applying?  |
| Are you restricted to working only certain hours of the day? Yes \_\_\_\_ No \_\_\_\_ If yes, indicate the hours you are available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Are you restricted from working certain days of the week? Yes \_\_\_\_\_ No \_\_\_\_ If yes, indicate the days you are available M T W T F S S  |
| DRIVING INFORMATION Do you have a current driver’s license? Yes \_\_\_\_\_ No \_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lic. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has your driver’s license ever been suspended or revoked? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain circumstances: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please list all moving traffic violations in the past five (5) years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Offense Date Location Offense Date Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Offense Date Location Offense Date Location  |
| FORMER EMPLOYERS (List Below Last Four Employers, Starting With Last One First)  |
| Date Month & Year  |  Name & Address of Employer  |  Salary  |  Position  |  Reason for Leaving  |
| From  |    |    |    |    |
| To  |
| From  |    |    |    |    |
| To  |
| From  |    |    |    |    |
| To  |
| From  |    |    |    |    |
| To  |
| REFERENCES Give Below The Names Of Three Persons, Not Related To You, Whom You Have Known At Least One Year  |
| NAME  | ADDRESS  | BUSINESS  | YEARS KNOWN  |
|  1.  |    |    |    |
|  2.  |    |    |    |
|  3.  |    |    |    |
| As an applicant for employment, I understand the following: * Any misrepresentation or falsification of information requested here will be cause for rejection of this application or for subsequent discipline up to and including my dismissal from employment.
* If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with the safety and health rules and regulations of the company.
* No management official is authorized to make any oral assurance or promise of continued employment.
* I authorize without liability investigation of all statements contained in this application.
* I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS “AT-WILL.” THIS MEANS THAT EITHER I OR THE COMPANY MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME WITH OR WITHOUT NOTICE OR REASON.

 DATE SIGNATURE  |