EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. We comply with all applicable Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

BACKGROUND INFORMATION

Last Name	First	Middle	Date of Application
Street Address			Home Phone ( )
City, State, Zip			How Long at Present Address?
Were you previously employed by this organization? ☐ Yes, Date (s)	Department	☐ No	Social Security No.
Have you previously applied for work to this organization? ☐ Yes, Date (s)		☐ No	Drivers License No. (If applicable)*
Position Applying For			Wages Desired
Check the following options which you would consider: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Co-op	In case of emergency notify:		Phone ( )
			Date available for work

EDUCATION AND TRAINING

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DIPLOMA OR DEGREE
HIGH SCHOOL				☐ Yes ☐ No	
COLLEGE OR UNIVERSITY				☐ Yes ☐ No	
COLLEGE OR UNIVERSITY				☐ Yes ☐ No	
TRADE SCHOOL				☐ Yes ☐ No	
APPRENTICE SCHOOL				☐ Yes ☐ No	

List any other education, training, special skills or certificates/licenses that you possess which are relevant to the position for which you have applied: _____

List any machines or equipment that you are qualified and experienced at operating which are relevant to the position for which you have applied: _____

* Applicable only if job for which you have applied may require driving a motor vehicle.

EXPERIENCE - LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH MOST RECENT.

1

Company Name	Type of Business	Phone No. ( )
Address	Employed (Month and Year) From	To
Name and Title of Supervisor	May We Contact? ☐ Yes ☐ No	Employed ☐ Full-Time ☐ Part-Time
State Last Job Title and Describe Your Work	Wages Starting	Last
	Reason for Leaving	

2

Company Name	Type of Business	Phone No. ( )
Address	Employed (Month and Year) From	To
Name and Title of Supervisor	May We Contact? ☐ Yes ☐ No	Employed ☐ Full-Time ☐ Part-Time
State Last Job Title and Describe Your Work	Wages Starting	Last
	Reason for Leaving	

3

Company Name	Type of Business	Phone No. ( )
Address	Employed (Month and Year) From	To
Name and Title of Supervisor	May We Contact? ☐ Yes ☐ No	Employed ☐ Full-Time ☐ Part-Time
State Last Job Title and Describe Your Work	Wages Starting	Last
	Reason for Leaving	

SKILLS AND QUALIFICATIONS

Have you had any other experiences or qualifications in addition to those indicated above which relate to the job for which you are applying?

REFERENCES - List business persons known, but not related to you, other than listed above.

	NAME	TITLE	BUSINESS	PHONE NO.	YEARS KNOWN
1					
2					
3					
4					

ADDITIONAL EMPLOYMENT - RELATED INFORMATION

NAME RELATIONSHIP

List any relatives or friends working for this organization: _____ _____

_____ _____

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means? ☐ Yes ☐ No

If your are under 18, are you able to furnish a work permit? ☐ Yes ☐ No

Have you been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? ☐ Yes ☐ No

If "yes", please describe in detail: _____

(A conviction record will not necessarily be a bar to employment.)

Additional Remarks: _____

APPLICANT'S CERTIFICATION - Please read carefully before signing.

I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that, if I become employed, a misrepresentation or omission of fact in this application may result in my discharge from employment.

I authorize the company, as part of its evaluation of my suitability for employment, to contact all school officials, references, and my previous supervisors to secure information concerning my skills, character, and ability.

I further acknowledge and agree that no manager or representative of the Company has any authority to enter into any employment agreement.

I understand and agree that, if I am employed, I will be an **at-will** employee and the Company may terminate my employment at any time and for any or no reason without prior notice.

Applicant's Signature	Date

DO NOT WRITE BELOW - FOR COMPANY USE ONLY

Offer to be extended? ☐ YES ☐ NO

☐ Regular

☐ Conditional _____

Notified on _____ (Date) by _____ (Initials) via

☐ Telephone

☐ Confirmed in Writing

☐ Other _____

Job Title	Wages	Starting Date
	☐ Hourly $ ☐ Weekly $	

☐ Full-Time Regular ☐ Full-Time Temporary ☐ Co-op

☐ Part-Time Regular ☐ Part-Time Temporary ☐ Seasonal

Hours Per Week	Scheduled Work Days	Benefits
		☐ Full ☐ Prorated ☐ None

In addition, the Candidate will be advised of the following conditions and terms as part of this offer of employment:

APPROVED	DATE	APPROVED	DATE	APPROVED	DATE