



Application for Employment

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on Page 2 of this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For _____ Today's Date _____

Are you seeking: Full-Time ☐ Part-Time ☐ Temporary ☐ When could you start? _____

Last Name _____ First Name _____ Middle Initial _____

Present Street Address _____ City _____ State _____ Zip _____

Are you 18 years of age or older? Yes ☐ No ☐ (If you are hired you may be required to provide proof of age.)

Telephone Number _____

If hired, can you furnish proof that you are eligible to work in the U.S.? Yes ☐ No ☐

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes ☐ No ☐

If yes, give details _____

(A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes ☐ No ☐

If yes, please explain _____

Do you have a valid driver's license Yes ☐ No ☐

Driver's License Number _____ State Where Issued _____ Class _____

Have you ever had your driver's license suspended or revoked in the last three years? Yes ☐ No ☐

If yes, give details _____

LIST NAMES AND LOCATIONS OF SCHOOLS

Number
of Years
Completed

Diploma
Degree
Certificate

High School or GED: _____

College or University: _____

Vocational/Technical: _____

List names of employers in consecutive order with present or most recent employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give nature of work, business name (if any), and supply business references. Please supply dates in month and year.

Name of Employer		Job Title
Address		Dates of Employment: From To
City, State, Zip		Pay: Start \$ Final\$
Supervisor	Phone	Reason for Leaving:
Name of Employer		Job Title
Address		Dates of Employment: From To
City, State, Zip		Pay: Start \$ Final\$
Supervisor	Phone	Reason for Leaving:
Name of Employer		Job Title
Address		Dates of Employment: From To
City, State, Zip		Pay: Start \$ Final\$
Supervisor	Phone	Reason for Leaving:
Name of Employer		Job Title
Address		Dates of Employment: From To
City, State, Zip		Pay: Start \$ Final\$
Supervisor	Phone	Reason for Leaving:

If you are presently employed, may we contact your employer? Yes ☐ No ☐

Have you ever been fired from a job or asked to resign? Yes ☐ No ☐

If yes, please explain _____

Give three references, not relatives or former employers:

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date. I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit and/or consumer reports, driving record and criminal history. I authorize any person, school, current or former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation from all liability or responsibility to me for doing so. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired. I understand that compliance with Company policies, procedures and safety guidelines is a condition of my employment. I understand that I may be required to successfully pass a drug-screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of my employment, if required. I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time with or without cause and with or without notice.

I have read, understand, and by my signature below, consent to these statements.

Signature _____ Date _____