

EMPLOYMENT APPLICATION

TODAY'S DATE: _____ HOW/WHO REFERRED YOU TO US? _____

APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. If more space is needed to complete any question, use comments section on the back of this page.
3. Print clearly; incomplete or illegible applications will not be processed.

NAME:		FIRST		MIDDLE INITIAL	
LAST		FIRST		MIDDLE INITIAL	
SOCIAL SECURITY NUMBER:		EMAIL ADDRESS:			
HOME PHONE:		WORK PHONE:			
CURRENT ADDRESS:					
STREET		CITY		STATE ZIP	
PRIOR ADDRESS:					
STREET		CITY		STATE ZIP	

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applications will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit for a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY

For which position are you applying?			
Are you a U.S. citizen or legally authorized to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you now or will you in the future need for us to sponsor you to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What date can you start?		What category would you prefer? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
For which schedules are you available?			
<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Overtime <input type="checkbox"/> Shift <input type="checkbox"/> Other			

EDUCATION

Please check highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY / STATE	GRADUATE?	DEGREE?
HIGH SCHOOL			
COLLEGE			
OTHER			

SECURITY

List states and countries of residence for the past 7 years.	
Have you used any names or Social Security numbers other than those listed on this page? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please list.	

JOB RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

List languages in which you are fluent:	
If the job requires, do you have the appropriate driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License #	Type: State of Issue:
Have you had any moving violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Please list any other skills, licenses, or certificates that may be job-related or that you feel would be of value to this job or company.	

INITIAL PAGE _____

- Have you been given a job description or had the requirements of the job explained to you? Yes No
- Do you understand these requirements? Yes No
- Can you perform the requirements of this job with or without reasonable accommodation? Yes No

PREVIOUS EMPLOYMENT

PLEASE NOTE: Your application will NOT be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if you need to.
 FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER Are you currently working for this employer? Yes No
 If so, may we contact? Yes No

COMPANY NAME	CITY / STATE	PHONE	FAX
EMPLOYED FROM	EMPLOYED TO	JOB TITLE	SUPERVISOR'S NAME
DUTIES:			
SALARY	PER HR, WEEK, MO	REASON FOR LEAVING	

SECOND MOST RECENT EMPLOYER Are you currently working for this employer? Yes No
 If so, may we contact? Yes No

COMPANY NAME	CITY / STATE	PHONE	FAX
EMPLOYED FROM	EMPLOYED TO	JOB TITLE	SUPERVISOR'S NAME
DUTIES:			
SALARY	PER HR, WEEK, MO	REASON FOR LEAVING	

THIRD MOST RECENT EMPLOYER Are you currently working for this employer? Yes No
 If so, may we contact? Yes No

COMPANY NAME	CITY / STATE	PHONE	FAX
EMPLOYED FROM	EMPLOYED TO	JOB TITLE	SUPERVISOR'S NAME
DUTIES:			
SALARY	PER HR, WEEK, MO	REASON FOR LEAVING	

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS	PHONE	YEARS KNOWN	RELATIONSHIP
1.				
2.				

INITIAL PAGE _____

COMMENTS

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and / or its agents, including consumer reporting bureaus, to verify this information. I authorize all former employers, persons, schools, companies, law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am to submit to a drug testing to detect the use of illegal drugs prior to and during employment.

Signature: _____

Date: _____