

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a resume, but all questions must be answered.

Position applying for:	
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PERSONAL DATA

Name (Last, First, Middle)			
Street/Mailing Address	City	State	Zip
Mobile Phone Number	Home Phone Number	Work Phone Number	
Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	Salary Desired	Date you can start work	

POSITION INFORMATION **Check all that you are willing to work**

Hours:	Full-Time <input type="checkbox"/>	Days <input type="checkbox"/>	Status:	Regular <input type="checkbox"/>
	Part-Time <input type="checkbox"/>	Evenings <input type="checkbox"/>		Temporary <input type="checkbox"/>
	Casual <input type="checkbox"/>	Weekends <input type="checkbox"/>		
Are you authorized to work in the U.S. on an unrestricted basis?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony? (will not necessarily disqualify you)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, explain:				
You aware of the essential duties of the job? (verbally told or read job description)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you perform these duties with/without reasonable accommodation?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

QUALIFICATIONS **Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.**

	School Name	Degree	Street Address/City/State
School			
School			
Other			

SPECIAL SKILLS **List any special skills or experience you feel would help you in the position you are applying for (leadership, organizations/teams, etc.)**

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REFERENCES **Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, you may list one personal, unrelated reference.**

Name	How many years known?	Phone Number	Relationship

WORK HISTORY Start with your current/most recent employer and work back.

May we contact your current employer? Yes No N/A

Job Title	Start Date (MM/DD/YY)	End Date (MM/DD/YY)
Company Name	Supervisor's Name	Phone Number
Street Address/City/State/Zip		
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

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Company Name	Supervisor's Name	Phone Number
Street Address/City/State/Zip		
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Company Name	Supervisor's Name	Phone Number
Street Address/City/State/Zip		
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

ADDITIONAL INFORMATION

Possess a valid driver's license?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver's License Number	Issued in what state?
Have you had any accidents during the past three years?	Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, how many?
Have you had any moving violations during the past three years?	Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, how many?

I certify the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand they company is an "at will" employer. Therefore, any employee (regular, temporary, or other type) may resign at any time, just as the employer may terminate the relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date