



EMPLOYMENT APPLICATION
EQUAL OPPORTUNITY EMPLOYER

Incomplete applications will not be considered.

DATE _____

PERSONAL INFORMATION

| | | | |
|---|--|-------------------------------------|--|
| NAME | | SOCIAL SECURITY NO. | |
| ADDRESS | | CITY, STATE, ZIP | |
| HOME PHONE | | CELL PHONE | |
| ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? | | ARE YOU AT LEAST 18 YEARS OR OLDER? | |
| HAVE YOU EVER BEEN CONVICTED OF ANY FELONY, CRIME, MISDEMEANOR, DISORDERLY PERSONS OFFENSE, OR OTHER OFFENSE (OTHER THAN A MINOR TRAFFIC VIOLATION- DUI IS NOT A MINOR VIOLATION)? IF YES, EXPLAIN. | | | |
| <small>A CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY APPLICANT FOR A PARTICULAR JOB</small> | | | |

EMPLOYMENT DESIRED

| | | | |
|--------------------------------------|---|--------------------|-----------|
| POSITION | | DATE YOU CAN START | SALARY |
| REFERRED BY | NAME ANY FRIENDS/RELATIVES EMPLOYED BY THIS COMPANY | | |
| EVER APPLIED TO THIS COMPANY BEFORE? | | IF SO, WHEN? | |
| Please Check One or Both | | Full Time | Part Time |

AVAILABILITY

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|----|--------|---------|-----------|----------|--------|----------|--------|
| AM | | | | | | | |
| PM | | | | | | | |

| EDUCATION | NAME AND LOCATION OF SCHOOL | NO. OF YEARS COMPLETED | DIPLOMA OR DEGREE? |
|-------------|-----------------------------|------------------------|--------------------|
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| OTHER | | | |

GENERAL INFORMATION

| | |
|---|----------------|
| SUBJECTS OF SPECIAL STUDY/RESEARCH WORK | |
| SPECIAL TRAINING/SKILLS | |
| FOREIGN LANGUAGES SPOKEN FREQUENTLY | |
| BRANCH OF MILITARY SERVICE | DISCHARGE RANK |

REFERENCES PLEASE PROVIDE THREE REFERENCES BELOW. DO NOT INCLUDE RELATIVES

| NAME | PROFESSION | PHONE | YEARS KNOWN |
|------|------------|-------|-------------|
| | | | |
| | | | |
| | | | |

LIST BELOW, BEGINNING WITH THE MOST RECENT, ALL PRESENT AND PAST EMPLOYMENT FOR THE PAST 10 YEARS. INCLUDE SEASONAL, SUMMER, PART-TIME,

SELF-EMPLOYMENT AND ALL PERIODS OF UNEMPLOYMENT AND SCHOOL. FALSE STATEMENTS OR OMISSIONS OF INFORMATION IS SUFFICIENT CAUSE FOR

DENYING EMPLOYMENT OR DISCHARGE. USE ADDITIONAL SHEET IF NECESSARY.

| | | | |
|----------------------------------|--------------|---------------------------------|-----------|
| NAME OF PRESENT OR LAST EMPLOYER | | | |
| ADDRESS | | CITY | STATE ZIP |
| STARTING DATE | LEAVING DATE | JOB TITLE | |
| STARTING SALARY | FINAL SALARY | MAY WE CONTACT YOUR SUPERVISOR? | |
| NAME OF SUPERVISOR | | TITLE | PHONE |
| DESCRIPTION OF WORK | | | |
| REASON FOR LEAVING | | | |

| | | | |
|---------------------------|--------------|---------------------------------|-----------|
| NAME OF PREVIOUS EMPLOYER | | | |
| ADDRESS | | CITY | STATE ZIP |
| STARTING DATE | LEAVING DATE | JOB TITLE | |
| STARTING SALARY | FINAL SALARY | MAY WE CONTACT YOUR SUPERVISOR? | |
| NAME OF SUPERVISOR | | TITLE | PHONE |
| DESCRIPTION OF WORK | | | |
| REASON FOR LEAVING | | | |

| | | | |
|---------------------------|--------------|---------------------------------|-----------|
| NAME OF PREVIOUS EMPLOYER | | | |
| ADDRESS | | CITY | STATE ZIP |
| STARTING DATE | LEAVING DATE | JOB TITLE | |
| STARTING SALARY | FINAL SALARY | MAY WE CONTACT YOUR SUPERVISOR? | |
| NAME OF SUPERVISOR | | TITLE | PHONE |
| DESCRIPTION OF WORK | | | |
| REASON FOR LEAVING | | | |

AUTHORIZATION

" I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FOR UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DRUG FREE WORKPLACE

ALL EMPLOYMENT APPLICANTS AT THIS COMPANY MAY UNDERGO TESTING FOR THE PRESENCE OF ILLEGAL DRUGS OR OTHER SUBSTANCES AS A CONDITION OF HIRING. ANY APPLICANT WITH A CONFIRMED POSITIVE TEST RESULT WILL BE DENIED EMPLOYMENT. THIS COMPANY WILL NOT DISCRIMINATE AGAINST APPLICANTS FOR EMPLOYMENT BECAUSE OF PAST HISTORY OF DRUG ABUSE. THEREFORE, INDIVIDUALS WHO HAVE FAILED A PRE-EMPLOYMENT TEST MAY INITIATE ANOTHER INQUIRY WITH THE COMPANY AFTER A PERIOD OF NO LESS THAN SIX (6) MONTHS, BUT MUST PRESENT THEMSELVES DRUG FREE.

SIGNATURE OF APPLICANT

DATE