



Employment Application

Instructions to Applicant:

This company is an equal opportunity employer and will not discriminate, or tolerate discrimination, against any employee or applicant in any manner prohibited by law.

Disabled applicants can request any accommodation needed to enable them to complete the application.

Any applicant who provides information not requested will be automatically rejected.

Questions regarding this application should be directed to the employment interviewer. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching a resumé.)

Applicant Information:

Applicant Name: _____ Date of Application: _____

Address: _____ City, State, ZIP: _____

Phone number(s): _____ Social Security Number if available: _____

Email: _____

Position(s) applying for: _____

How did you learn of this position opening? _____

What salary or rate of pay do you expect to receive if employed? _____

Have you ever applied for employment with this company before? If so, provide job title and date of application:

Have you ever worked for this company before? If yes, provide job title and dates of employment:

Are you legally eligible to be employed in the United States? (*Proof of identity and eligibility will be required upon offer of employment.*) **Yes / No**

Are you at least 18 years of age? (*If no, you may be required to provide authorization to work.*) **Yes / No**

Have you ever been convicted of a felony or misdemeanor? (*A conviction will not necessarily result in denial of employment.*) **Yes / No**

When would you be available to begin work? _____

When are you available to work?

- a. Full Time:
- b. Part Time: **I am only available for part time because:* _____
- c. Days (*circle*): Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday
- d. Nights (*circle*): Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday

** If employed, I will notify my supervisor in writing should my availability change. (Note: work schedules are based upon the needs of the business and may be subject to change.)*

Education:

	Name of School	Location (City, State)	Course of Study	# Years Completed	Diploma/Degree Received
High School					
College					
Vocational/Trade					
Graduate					

Employment History:

Start with present or most recent position (*do not exclude any employment. Use additional sheet of paper if more space is necessary*)

Company Name	Address	Phone Number	
Immediate Supervisor Name & Title	May we contact this Employer (<i>circle</i>)? Yes / No	Dates Employed (m/d/y TO m/d/y)	
Rate of pay, beginning and final (<i>Previous salaries or wages will not be used to determine compensation at this company.</i>)		Start Rate:	Final Rate:
Describe the work performed:		Position Title:	Supervisory Position: Yes / No
Reason for Leaving or Considering Leaving:		Past Employer: <input type="checkbox"/>	Present Employer: <input type="checkbox"/>

Company Name	Address	Phone Number	
Immediate Supervisor Name & Title	May we contact this Employer (<i>circle</i>)? Yes / No	Dates Employed (m/d/y TO m/d/y)	
Rate of pay, beginning and final (<i>Previous salaries or wages will not be used to determine compensation at this company.</i>)		Start Rate:	Final Rate:
Describe the work performed:		Position Title:	Supervisory Position: Yes / No

Reason for Leaving or Considering Leaving:	Past Employer: <input type="checkbox"/>	Present Employer: <input type="checkbox"/>
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Describe the work performed:	Position Title:	Supervisory Position: Yes / No
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Company Name	Address	Phone Number
Immediate Supervisor Name & Title	May we contact this Employer (<i>circle</i>)? Yes / No	Dates Employed (m/d/y TO m/d/y)
Rate of pay, beginning and final (<i>Previous salaries or wages will not be used to determine compensation at this company.</i>)	Start Rate:	Final Rate:
Describe the work performed:	Position Title:	Supervisory Position: Yes / No
Reason for Leaving or Considering Leaving:	Past Employer: <input type="checkbox"/>	Present Employer: <input type="checkbox"/>

Have you ever been discharged from any employment or asked to resign? **Yes / No**

If yes, explain: _____

Explain any period between jobs: _____

Additional Experience or Qualifications:

Have you completed any special courses, seminars and/or training that would enable you to perform the position(s) for which you are applying? If yes, please describe.

Please list any professional license or certification which you believe should be considered relevant to the position(s) applied for on this application.

Please list any professional, trade, business or civic organizations that pertain to the position(s) for which you are applying, and explain any offices held. *(Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)*

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. *(Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)*

Please indicate any prior experience in the Armed Forces of the United States or state militia, including dates of service and relevant training/experience received during military duty.

Attendance and Punctuality Information: Consistent attendance and punctuality are essential requirements of every position in this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? **Yes / No**

If yes, explain: _____

Can you perform the essential functions of the position(s) , either with or without reasonable accommodation? *(If you have any questions as to the essential functions of the position(s), please ask the interviewer before answering.)* **Yes / No**

References: please list three persons, who are not previous supervisors or related to you, who can provide professional references. List name, address, phone number, relationship/occupation, and years known.

Name	Address	Phone Number	Relationship/Occupation	Years Known

Signature Required: *(for the following disclaimers)*

“By signing this application, I declare that the information provided by me is complete, accurate and true to the best of my knowledge. I understand that any falsification, misrepresentation or omission on this application (or any other accompanying or required documents) may preclude an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the falsification, misrepresentation or omission is discovered.”

“I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.”

“I understand that this application for employment will remain on file for no longer than six months. Consideration for employment after 180 days requires a new application.”

“If hired, I agree to abide by all of the company rules and regulations. *(If applicable in this state)*, I agree that, just as I have, if hired, the right to terminate my employment at any time, with or without cause and with or without notice, the company may terminate my employment at any time, with or without cause or notice. I understand that no manager or representative of the company, other than its president or his designee, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing either now, in the past or in the future. I further understand that such an agreement must be in writing and signed by the present for it to be binding on either myself or the company. I further understand that this statement supersedes any prior oral or written understanding and bars any future oral understanding to the contrary.”

“I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.”

Signed by Applicant: _____ *Date* _____