

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION (Please print)

DATE OF APPLICATION	FULL NAME		
STREET ADDRESS ZIP		CITY	STATE
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
S.S. #	DRIVER'S LICENSE #	ARE YOU 18 YRS. OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

POSITION DESIRED:

POSITION FOR WHICH YOU ARE APPLYING:	HOURS AVAILABLE FOR WORK:	RATE OF PAY DESIRED:
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GENERAL QUESTIONS:

Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO	May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have your ever applied to this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where? When?
If your application is considered favorably, what date are you available to begin work?	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe in full: <i>Proof of citizenship or immigration status will be required upon employment.</i>	
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe in full:	
If related to anyone in our employ, please state their name and employment location:	
Referral Source (circle): Advertisement Friend Relative Walk-in Employment Agency Other: _____	

EDUCATION	NAME & LOCATION OF SCHOOL	# YEARS	DID YOU GRADUATE?	DEGREE/ DIPLOMA
High School				
College/University				
Trade, Business or Technical School				
General subjects of special study or research work (qualifying work experience, i.e., home employment, volunteer work, etc.):				
Other special skills or training (languages, computers, etc.):				

FORMER EMPLOYERS: List below record of employment for the past 10 years, starting with the last one first. List all jobs.

FROM	TO	EMPLOYER NAME, ADDRESS, PHONE #	SALARY	POSITION	REASON FOR LEAVING

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	TYPE BUSINESS	PHONE #	YEARS ACQUAINTED

JOB APPLICANT AGREEMENT AND CERTIFICATION

"I certify that the information given by me in this application is true in all respects, and I agree that if the information is found to be false in any way, it should be considered sufficient for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between either party for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Company retains the same right."

"I understand that employment policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part at any time."

"I understand that as a condition of the application process the Company will perform a federal, state, and local criminal history and records check, and by signing this application I acknowledge my understanding of this and my consent to such checks and any updated reports."

"I understand and agree that upon request by my employer and when applicable at any time during the term of my employment, I must present evidence of a valid driver's license or government-issued identification and by signing this application I consent to a driver's license record check with the appropriate authorities."

Date: _____

Applicant Signature: _____

