



APPLICATION FOR EMPLOYMENT

This employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, genetic information, disability, veteran status, sexual orientation/gender identity, citizenship status, marital status or any other status protected by law. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on the company. Please inform management if you need assistance completing any forms or to otherwise participate in the application process.

Please answer all questions completely. Resumes are not accepted in lieu of completion of this application. NOTE: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

I. PERSONAL INFORMATION

Last Name	First	Middle	Date
Street Address		Email Address	Home Phone ()
City	State	Zip	Cell Phone ()
Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" explain:		If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No if "Yes" name:			
Are you able to perform the essential functions of the position as listed and described on the attached job description or as demonstrated by the company representative with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a non-compete agreement or are you subject to any restrictive covenant with any of your former employers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please explain.			

II. EMPLOYMENT INTERESTS

Position Desired	Date Available	Salary Desired	Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/>	Days and hours available for work		
How were you referred to our company? <input type="checkbox"/> Ad (Where) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Agency (Name) _____ <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> Walk-in			



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III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Choose last grade completed	Did you graduate?	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade Technical			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	

IV. SKILLS - If Applicable for Position for Which You Are Applying

Foreign Languages (indicate proficiency to speak, read and write)

PC Skills (Indicate software used)

Other Skills

Do you have any experience, training, qualifications or special skills that you think make you especially suited for work at this company? (Explain)

V. EMPLOYMENT INFORMATION (start with current or most recent employer). Account for all time periods including unemployment, self-employment and military service. (Attach separate paper(s), if necessary.)

1	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Current rate of pay \$
	Job Title		Duties			Reason for leaving
	Supervisor Name		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Rate of pay at termination \$
	Job Title		Duties			Reason for leaving
	Supervisor Name		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			



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3	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Rate of pay at termination \$	
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Rate of pay at termination \$	
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been convicted of a crime, pled no contest, had adjudication withheld, or been a defendant in a civil action for an intentional tort?
 Yes No If "Yes" list offense, date and disposition of the case *(Convictions will not necessarily disqualify you for the position):*

VI. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below

Initial	I understand that as a condition of employment I may be required to take a post-offer/pre-employment alcohol/drug test. I further understand that, if management suspects that I am unable to perform my job without endangering others or myself at any time during my employment, I may be required to take an alcohol/drug test.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to work in the United States.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date.
	This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days must reapply.
Applicant Signature:	
Date:	