

EMPLOYMENT APPLICATION

APPLICATION FOR EMPLOYMENT

ALL APPLICANTS WILL BE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY, SEXUAL ORIENTATION, SEX, MARITAL STATUS, LIABILITY FOR SERVICE IN THE ARMED FORCES THE UNITED STATES, CITIZENSHIP, OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL, STATE OR LOCAL LAWS. THE COMPANY WILL CONSIDER REASONABLE ACCOMMODATION TO THE KNOWN OR OBVIOUS PHYSICAL, MENTAL OR OTHER IMPAIRMENTS OF OTHERWISE QUALIFIED APPLICANTS TO ENABLE THEM TO PARTICIPATE IN OUR APPLICANT SCREENING PROCESS AND TO ACCOMMODATION OF RELIGIOUS BELIEFS AND PRACTICES UNLESS DOING SO WOULD IMPOSE AN UNDUE HARDSHIP.

DATE _____

PERSONAL INFORMATION

NAME _____
last first middle initial

ADDRESS _____
street city state zip code

TELEPHONE _____
area code & number Other contact E-Mail

IF UNDER 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT? Yes _____ No _____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB FOR WHICH YOU ARE APPLYING? () Yes () No

PURSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, ALL APPLICANTS, UPON BEING MADE AN OFFER OF EMPLOYMENT, MUST PRODUCE DOCUMENTS, WHICH ARE SPECIFIED BY THE FEDERAL GOVERNMENT, TO ESTABLISH THEIR IDENTITY AND WORK AUTHORIZATION. YOU WILL ALSO BE REQUIRED TO SIGN FORM I-9 (ISSUED BY THE FEDERAL GOVERNMENT).

EMPLOYMENT DESIRED

POSITION FOR WHICH YOU ARE APPLYING _____

FULL-TIME _____ PART-TIME _____ SEASONAL (IF SO, WHEN) _____

DATE OF AVAILABILITY _____

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT OUR COMPANY?

YES ____ NO ____

IF YES, WHEN? _____

WERE YOU EVER EMPLOYED BY US PREVIOUSLY? YES ____ NO ____

IF YES, WHEN? _____

IN WHAT POSITION? _____

SPECIAL SKILLS: TYPING SPEED _____/WPM SHORTHAND SPEED _____/WPM

TOOLS USED: _____

OTHER (INCLUDE MACHINES OPERATED) _____

ARE YOU WILLING TO RELOCATE? YES ____ NO ____

LOCATIONS PREFERRED: _____

EDUCATION

HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4
grade school high school college

NAME OF LAST SCHOOL ATTENDED _____

VOCATIONAL OR TRADE SCHOOL _____

COURSE OF STUDY _____

PLEASE DESCRIBE ALL EDUCATION THAT YOU BELIEVE QUALIFIES YOU FOR THE POSITION YOU ARE SEEKING _____

LICENSING

LICENSES & CERTIFICATES

REGISTRATION NUMBER & STATE

DATE OF EXPIRATION

SUSPENSION/REVOICATION: () Yes () No

IF YES, PLEASE EXPLAIN _____

EDUCATION

Educational Background		
School Name and Location	Subjects of Study or Major	Did you graduate?
High School		
College		
Trade or Other		
Miscellaneous		

IF YOUR EMPLOYMENT OR EDUCATION WAS INTERRUPTED BY SERVICE IN THE ARMED FORCES OF THE UNITED STATES OR ANY STATE MILITIA, PLEASE STATE THE DATES OF SERVICE AND DESCRIBE ANY TRAINING OR EXPERIENCE WHICH YOU RECEIVED THAT WOULD ENABLE YOU TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED. _____

[Depends upon State law]

Have you ever been convicted of a crime other than minor traffic violations? Yes No
If yes, please explain in full indicating charge, date, place and under what name and action taken.

A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the offense for which you were convicted, the circumstances surrounding the commission of the offense, and your subsequent rehabilitation. You need not disclose any information about arrests or criminal charges against you that have been expunged.

[OPTIONAL] Please indicate any job-related skills and qualifications you possess which would help you perform the duties of the position you are seeking

A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. TO HELP US EVALUATE YOUR APPLICATION, PLEASE DESCRIBE THE NATURE OF THE CRIME AND YOUR SUBSEQUENT REHABILITATION _____

PERSONAL/PROFESSIONAL REFERENCES

<u>NAME AND OCCUPATION</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

FORMER EMPLOYERS

LIST BELOW ALL OF YOUR WORK EXPERIENCE (INCLUDING WORK AS AN INDEPENDENT CONTRACTOR OR CONSULTANT), STARTING WITH YOUR PRESENT OR LAST PLACE OF EMPLOYMENT.

<u>Date Employed</u>	<u>Name & Address of Employer</u>	<u>Name of Supervisor</u>	<u>Position & Salary</u>	<u>Reason for Leaving</u>
from _____ to _____	_____	_____	start _____ finish _____	_____

from _____ to _____	_____	_____	start _____ finish _____	_____
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from _____ to _____	_____	_____	start _____ finish _____	_____
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from _____ to _____	_____	_____	start _____ finish _____	_____
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from _____	_____	_____	_____	_____
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to _____ start _____
_____ finish _____

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES _____ NO _____

Are you prohibited from or limited in your performance of any job duties for our Company by a contract, court order or any other reason? Yes _____ No _____

(If yes, please provide a copy of the appropriate documentation or agreement to us for evaluation.)

APPLICANT'S STATEMENT

I have read and fully understand the questions asked in this application. I certify that the answers given in this application for employment are true, correct and accurate. I understand that any false information or omission will result in immediate rejection of my application or, if I am hired, will be cause for immediate termination.

If hired, I agree to abide by all of the rules and regulations of (Company name) I understand that (Company name) and all plan administrators shall have the maximum discretion permitted by law, to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

I understand that all employment by (Company name) is “ at will,” which means that employment is not for a specified period of time and can be terminated by (Company name) or myself at any time with or without cause or prior notice.

I understand that nothing contained in this employment application or conveyed during the interview process is intended to or does create an employment contract. All offers of employment will be given only in writing signed by a representative of (Company name).

I authorize (Company name) to investigate my background, references, employment records and other matters related to my suitability for employment. I authorize persons, educational institutions, employers and organizations to provide any relevant information regarding suitability for employment at (Company name) I hereby release (Company name) and all affiliated persons and entities, as well as any person or institution that provides (Company name) with any information about me, from any and all liability whatsoever resulting from any such inquiry, investigation or communication.

By signing below, I acknowledge that I have read and understood and agreed to the above statements.

Applicant Signature _____

Date _____