



Application for Employment

Position Applied for: _____ Date: _____

Name: _____ SSN: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Applicant Note:

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. Fake or misleading statements during the interview and on the form are grounds for terminating the application process or, if discovered after, employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction of crime will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After and offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

_____ Date Available for Work Full Time Part Time Preference (circle one) Weekdays Weekends Evenings Availability

Job Related Skills

Yes No If the job requires, do you have the appropriate valid Driver License? Name on License _____ DL# _____ State of Issue _____ Type _____

Yes No Have you had any violations in the last 7 years? Explain: _____

List any other Skills, Licenses, Certifications that are job related _____

Yes No Have you been convicted of a crime in the last 7 years? If so, please describe below. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of offense, remoteness of offense, time since last conviction, nature of the job sought and rehabilitation efforts will be reviewed.)

Employment History (Most recent first)

Company Name: _____ Phone: _____

Address: _____

Dates: From _____ To _____ Position: _____ Salary: _____

Duties: _____

Reason for leaving: _____

Company Name: _____ Phone: _____

Address: _____

Dates: From _____ To _____ Position: _____ Salary: _____

Duties: _____

Reason for leaving: _____

References

_____	_____	_____
Name	Phone	Relationship/Years Known

_____	_____	_____
Name	Phone	Relationship/Years Known

Education

_____	_____	_____	_____
High School	City, State	Graduate?	Degree

_____	_____	_____	_____
College	City, State	Graduate?	Degree

_____	_____	_____	_____
Other	City, State	Graduate?	Degree

Certification and Release

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge. I understand that any fake information, omissions or misrepresentations of facts called for this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature

Date
