



## Application for Employment

The Company is an Equal Employment Opportunity employer. The Company will make reasonable accommodation in the application process if needed.

Each section and question must be fully and accurately answered. No action will be taken on an incomplete application. Please print in blue or black ink.

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you learn about us?

Advertisement \_\_\_\_\_  Friend \_\_\_\_\_  Other \_\_\_\_\_

Last Name	First Name	Middle Initial
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Address	City	State	Zip Code
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Telephone Numbers	Email
Home	
Cell	

Best time to contact you is: ..... :\_\_am/pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes  No

Have you ever filed an application with us before? If Yes, give date .....  Yes  No

Have you ever been employed with us before? If Yes, give date .....  Yes  No

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

Can you travel if the job requires it? .....  Yes  No

Are you lawfully authorized to work in the United States? .....  Yes  No

*Federal Law requires proof of identity and employment authorization for all new employees.*

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:

- Full Time
- Part Time (Please indicate: Mornings Afternoons Evenings)
- Temporary (Please indicate dates available \_\_\_\_\_ - \_\_\_\_\_)

### Education

School	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

### Additional Information

Summarize special job-related skills and qualifications acquired from previous employment.

### Employment Experience

Start with your present or last job. Include any job-related skills and qualifications. Applicants should exclude information that discloses affiliation of a protected class.

Employer	Name of Supervisor
Address	Work Performed
Reason for Leaving	Dates Employed
Telephone Numbers(s)	May we contact? ___ Yes ___ No

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Address	Work Performed
Reason for Leaving	Dates Employed
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Address	Work Performed
Reason for Leaving	Dates Employed
Telephone Numbers(s)	May we contact? ___ Yes ___ No

### Professional References

Include business/professional contacts. Do not include personal references (friends or family members).

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

### Statement of Attestation

I understand that an investigation may be done to verify the information I have provided and to obtain any additional information the Company deems relevant. The Company will only consider job-related information when making hiring decisions. I authorize all persons to release any information the Company deems job-related. I release these persons from any liability for releasing any truthful information. I understand that this application is neither an expressed nor implied contract of employment. I further understand that any employment with the Company is "at-will" and that all parties have the right to terminate an employment relationship at any time, with or without reason or advance notice.

I understand that the Company is an equal opportunity employer and does not discriminate on the basis of any federal, state, or locally protected class. I attest that all information I provide to the Company is true and accurate, and understand that, the Company may take disciplinary action, up to and including termination of employment, at any time should any of the information provided prove to be false or misleading.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date