

Application for Employment

Please print legibly

OFFICE USE ONLY (must be completed)
Interview date
Position
Shift/days
Start date
Starting salary
Approved (BG)

Full name	Date submitted
Home address	Social Security No
City State Zip	Home telephone
How long at present address? □ own □ rent □ live with relatives	Cellular telephone
Email address	Work telephone
Were you previously employed by this company? In no yes If so, when?	
Position applied for	

How did you hear about this position?

Date available for work ______ Desired shifts/hours/days _____

EDUCATION	NAME AND ADDRESS OF SCHOOL	MAJOR COURSE OF STUDY	TOTAL YEARS OF STUDY	DEGREE/ DIPLOMA
High School				
Undergraduate College				
Correspondence or Trade School				
Apprenticeship				
Other (Specify)				

List any seminars, classes or other education or training not listed above which may help qualify you for this position. If you need additional space, check here \Box and add additional sheet(s).

EMPLOYMENT HISTORY

List below all present and past employers over the past ten years, starting with your <u>most recent</u> employer. Account for all periods of unemployment. You must complete this section even if you are attaching a resume.

1. Employer (current □ yes □ no)		Start date	End date	Essential job functions of final position
Address				1.
City, State, Zip		Starting salary	Ending salary	2.
Phone number				3.
Fax number	Supervisor(s)			4.
Job position(s)	Email address of supervisor			5.
Reason(s) for leaving				
What value did you add to this company or its custome	rs?			

2. Employer		Start date	End date	Essential job functions of final position
Address				1.
City, State, Zip		Starting salary	Ending salary	2.
Phone number				3.
Fax number	Supervisor(s)			4.
Job position(s)	Email address of supervisor			5.
Reason(s) for leaving				
What value did you add to this company or its custor	ners?			

LANGUAGE SKILLS

List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

ADDITIONAL INFORMATION

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.		
Identify formal job training that relates to this position:		
If you are hired, what value would you add to our company?		
Do you have any friends or relative	s employed by this company? ☐ yes ☐ no If yes, please provide the	eir names and relationship to you.
Are you currently employed?		🗆 yes 🗇 no
May we contact your employer?		🗆 yes 🗇 no
Are you currently on "layoff" status		□ yes □ no
If hired, can you provide proof of U.	S. citizenship or proof of your legal right to work in the United States?	🗆 yes 🗖 no

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? \Box yes \Box no If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for? \Box yes \Box no If *yes*, please explain:

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence (DUI)? \Box yes \Box no If hired, do you have a reliable means of transportation to and from work? \Box yes \Box no

MILITARY SERVICE

If you answered YES to any of the questions at left, fill in information below:

Are you a member of the Armed Forces Reserves?	🗆 yes	🗖 no	Branch Last rank held
Are you a member of the National Guard?	🗆 yes	🗖 no	Date of discharge
Are you a veteran of the Armed Forces?	□ yes	🗖 no	Major duties
Did you attend any service schools or special training?	? □ yes	🗖 no	Describe any special education/training you received:

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last 5 years

1 Name		Occupation
Company name	Address, City, State	
Telephone	Email	Relationship and years acquainted

2 Name		Occupation
Company name	Address, City, State	
Telephone	Email	Relationship and years acquainted

3 Name		Occupation
Company name	Address, City, State	
Telephone	Email	Relationship and years acquainted

ACKNOWLEDGEMENTS

Please read each statement carefully and initial each acknowledging your understanding.

initials	Equal Employment Opportunity Statement This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.
initials	Discrimination and Sexual Harassment Policy Statement This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.
initials	Disclosure to Applicants Concerning Drug/Alcohol Testing If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.
initials	Complete and Accurate Information I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
initials	At-Will Employment; Probationary Period; Work Schedule I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand and agree that, if hired, I will be on probation for the first ninety (90) days. I understand that the Company functions 24/7 and acknowledge that I have not been promised any particular work schedule and that I may be assigned to any shift or work schedule as the job requires. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's President, CEO or Chairman.
initials	Testing Authorization If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.
initials	Investigation Authorization I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.
initials	Company Obligation I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Signature