

# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

**PERSONAL INFORMATION**

	Date		Social Security Number	
<hr/>				
<b>Name</b>				
	Last	First	Middle	
<hr/>				
<b>Present Address</b>				
	Street	City	State	Zip
<hr/>				
<b>Permanent Address</b>				
	Street	City	State	Zip
<hr/>				
<b>Phone Number</b>				

Referred By

**EMPLOYMENT DESIRED**

Position	Date You Can Start	Salary Desired	
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Are You Employed Now?	Yes	No	If So May We Inquire of Your Present Employer?	Yes	No
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Have You Ever Applied to this Company Before?	Yes	No	Where?	When?
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**AVAILABILITY FOR WORK?**

Type of Work:	Part Time	Full Time	Temporary or Short Term	Long Term
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Will you work daily overtime on occasion if necessary?	Will you work extra days in the week if necessary?
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**EDUCATION**

Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School		Yes No	
High School	1 2 3 4	Yes No	
College	1 2 3 4	Yes No	
Trade, Business or Correspondence School	1 2 3 4	Yes No	

**GENERAL**

Subjects of Special Study or Research Work

Job Related Skills, Certification, Licenses (typing, driver's license, U.S. Military or Naval Service, etc.)

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK OR SPECIAL TRAINING / SKILLS.

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U.S. MILITARY OR NAVAL SERVICE

RANK

**FORMER EMPLOYERS**

Subjects of Special Study or Research Work

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

Date Month/Year	Name, Address and Telephone of employer	Name of Supervisor	Salary (upon leaving)	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					

**REFERENCES**

Give below the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**AUTHORIZATION**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

**I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.**

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

This Application shall remain in effect for six (6) months from its submission.

Date \_\_\_\_\_ Signature \_\_\_\_\_