

## Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, military or veteran status, disability, sexual orientation, or any other legally protected status.

(Please print)

Date of Application \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ Email address: \_\_\_\_\_

If employed, can you produce verification of your legal right to work in the United States? (Statement of such proof will be required after employment) Yes \_\_\_\_\_ No \_\_\_\_\_

On what date would you be able to start work? \_\_\_\_\_

Are you available to work - Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

Have you ever applied here before? ..... Yes  No  When? \_\_\_\_\_

Have you ever been interviewed here? ..... Yes  No  When? \_\_\_\_\_

Do you have any commitments or agreements with another employer, person or entity which might affect your employment here, i.e., noncompete or nondisclosure obligations, etc.?

..... Yes  No

If yes, please explain \_\_\_\_\_

Where did you learn about the position you're applying for? \_\_\_\_\_

Have you ever been terminated or asked to resign from a job? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (include name of employer and date of termination):  
\_\_\_\_\_

### Educational Record

Last High School \_\_\_\_\_

Junior College	Major / Field	No. of Years Completed	Degree(s)
		1 2 3 4	

College or University	Major / Field	No. of Years Completed	Degrees

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## Employment Experience

Start with your present or last job and work backwards (include periods of self-employment). If you need additional space, please continue on a separate sheet of paper.

1. Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
Work Performed \_\_\_\_\_

May we contact this employer: Yes  No  If no, why?

2. Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
Work Performed \_\_\_\_\_

May we contact this employer: Yes  No  If no, why?

3. Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
Work Performed \_\_\_\_\_

May we contact this employer: Yes  No  If no, why?

4. Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
Work Performed \_\_\_\_\_

May we contact this employer: Yes  No  If no, why?

Special Skills & Qualifications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

References (individuals willing to provide professional and/or character references, other than family and relatives).

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Known How Long? \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Known How Long? \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Known How Long? \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that falsification, omission, or misrepresentation of any fact called for in this application or during the application process will result in immediate termination or removal of my application from consideration. I authorize Employer to obtain information about my experience from the employers and references listed in this application and I release those parties from any liability that might arise from supplying information in response to a request from Employer.

Initial \_\_\_\_\_

If I am employed by Employer, I agree to conform to the rules and regulations of Employer. I also agree and understand that wages, hours, and working conditions are subject to change by Employer, at any time with or without notice. I understand that, if hired, my employment with Employer would be "at will," which means that it can be terminated at any time, with or without reason or notice by Employer, or myself. I understand that only an owner of Employer has the authority to enter into any agreement other than for at-will employment, and then only in writing. I understand that this application is not a contract of employment (express or implied) with Employer.

Initial \_\_\_\_\_

I agree to submit to any post-offer, pre-employment testing or physicals, including drug screening, as required by Employer.

Initial \_\_\_\_\_

I certify that I have read and I understand the foregoing. I also certify that, to the best of my knowledge, all of the information contained herein is true and correct.

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

(Please note that Employer considers applications for 60 days. If you wish to be considered after 60 days, please reapply.)

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## CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I understand that to the maximum extent allowed by law, as a condition of my consideration for employment with Employer, or as a condition of my continued employment with Employer, Employer may obtain a consumer report that includes, but is not limited to, my employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Employer's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Employer will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with Employer. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Printed Name of Applicant or Employee

SSN: \_\_\_\_\_

\_\_\_\_\_  
Dated