



APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Today's Date _____ Position Sought: _____
 Name _____ Social Security #: _____
FIRST MIDDLE LAST
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Office Phone _____ Cell/Other _____
 Email Address: _____

How did you learn about the position? _____
 On what date would you be available for work? _____ Desired Wage/Salary \$ _____
 Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME
 Please list the Days/Hours available to work
 No Pref Mon _____ Tues _____ Wed _____ Thur _____ Fri _____

If under 18, please list age _____
 Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? Yes No
 Have you ever been convicted of a felony? Yes No
 If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No
 Do you have an active Driver's License? Yes No
 What is your means of transportation to work? _____
 Driver's license number _____ State of issue _____ Expiration date _____

Have you ever been in the armed forces? Yes No
 Are you currently a member of the National Guard? Yes No
 Specialty _____ Date Entered _____ Discharge Date _____

EDUCATION				
Type of School	Name of School	Location	# of Years Attended	Diploma? Major/Degree
High School				
College				
Business or Trade School				
Professional School				

Other training, certifications, or licenses held:

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT

(Most Recent First)
 1. Employer _____ Job Title _____
 Dates Employed _____ Position Held (if any): _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Supervisor _____ Ending Salary \$ _____
 Duties Performed _____
 Reason for Leaving _____
 If you are still employed, may we contact this employer at this time? Yes No

2. Employer _____ Job Title _____
 Dates Employed _____ Position Held (if any): _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Supervisor _____ Ending Salary \$ _____
 Duties Performed _____
 Reason for Leaving _____
 If you are still employed, may we contact this employer at this time? Yes No
3. Employer _____ Job Title _____
 Dates Employed _____ Position Held (if any): _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Supervisor _____ Ending Salary \$ _____
 Duties Performed _____
 Reason for Leaving _____
 If you are still employed, may we contact this employer at this time? Yes No

REFERENCES

List three references as to people that we might contact to learn about your general reputation:

1. Name _____
 Business Name (if applicable) _____
 Phone _____
 Years Acquainted _____
2. Name _____
 Business Name (if applicable) _____
 Phone _____
 Years Acquainted _____
3. Name _____
 Business Name (if applicable) _____
 Phone _____
 Years Acquainted _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

 Signature of Applicant

 Date