

EMPLOYMENT APPLICATION

Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Employment Application* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, creed, color, religion, gender, national origin, age, sexual orientation, genetic predisposition or carrier status, disability, marital status, pregnancy, veteran status, or any other legally protected class or status. Please notify a company representative if you require a reasonable accommodation to participate in the application and/or interviewing process.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Telephone Number () ()		
	Street Address				
	City		State	Zip Code	
	Position Applied For		Salary or Hourly Wage Desired \$		
	Are you Available to Work (check all that apply)		Date Available to Begin Work		
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Day <input type="checkbox"/> 2 ND Shift <input type="checkbox"/> 3 rd Shift				
	Are you 18 years of age or older?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your employer to obtain employment information?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever submitted an application and/or interviewed for employment with our company? If yes, give month and year ____/____/____				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been employed with our company before? If yes, give dates. From ____/____/____ to ____/____/____				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have had an opportunity to review a job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation? (check N/A if you have not reviewed a job description)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School		Course of Study	Did you Graduate?	Diploma or Degree Earned	GPA
	High School				() Yes () No	<input type="checkbox"/> None <input type="checkbox"/> Diploma <input type="checkbox"/> GED	
	College				() Yes () No	<input type="checkbox"/> None <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor	
	Dates Attended	From	To				
	Graduate Studies				() Yes () No	<input type="checkbox"/> None <input type="checkbox"/> Master <input type="checkbox"/> Doctoral	

SKILLS	List any additional skills, training, trade, and/or technical/professional knowledge that is relevant to the job for which you are applying:		List any certificates, licenses, or professional achievements that would support your qualifications for employment:	
	Drivers' License Identification Number: (Provide your driver's license ID number ONLY if it is a requirement of the position for which you are applying)		State of Issuance:	

EMPLOYMENT HISTORY Provide employment information, including military service, for the last 15 years, starting with the most recent employer first. If you've held more than three jobs, provide this information on another sheet and attach to this form.

Name of Employer		Telephone Number ()	
Address	Street	City	State Zip Code
Employment Dates (Month/Year) From ____/____ to ____/____		Starting Hourly Wage/Salary \$	Ending Hourly Wage/Salary \$
Job Title of Position(s)		Name and Job Title of Supervisor	
Brief description of job duties, responsibilities and significant accomplishments:			
Reason for leaving:			

Name of Employer		Telephone Number ()	
Address	Street	City	State Zip Code
Employment Dates (Month/Year) From ____/____ to ____/____		Starting Hourly Wage/Salary \$	Final Hourly Wage/Salary \$
Job Title of Position(s)		Name and Job Title of Supervisor	
Brief description of job duties, responsibilities and significant accomplishments:			
Reason for leaving:			

Name of Employer		Telephone Number ()	
Address	Street	City	State Zip Code
Employment Dates (Month/Year) From ____/____ to ____/____		Starting Hourly Wage/Salary \$	Final Hourly Wage/Salary \$
Job Title of Position(s)		Name and Job Title of Supervisor	
Brief description of job duties, responsibilities and significant accomplishments:			
Reason for leaving:			

REFERENCES List three references other than relatives or former supervisors

Name/Relationship	Address	Telephone #	Years Known
1.			
2.			
3.			

CONVICTION RECORD STATUS

All applicants and employees must, as a condition of employment, inform the company of all convictions. This includes all convictions received within the past seven years, while your application for employment is pending, and within seven days of receiving a conviction if currently employed.

Have you been convicted of, and/or plead guilty to, a felony or misdemeanor in the past seven years? Yes No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information below, such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment. Factors that will be taken into account include the nature of the conviction as it relates to the job applied for, the amount of time that has elapsed since the conviction and/or completion of sentence, and the seriousness of the offense. The company reserves the right to reject individuals for employment based on job-related convictions.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information I have provided on this *Employment Application* is true and correct to the best of my knowledge. I understand that any misrepresentation or omission of material facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or, if employed, termination of employment.

I authorize verification of all of the information I have provided on this *Employment Application* as well as any additional information needed to consider my application for employment. I further authorize all former employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this company and its employees from all liability for any damage that may result from reliance on the information furnished.

If employed, I agree to abide by all policies, procedures, and rules of the company. I understand and agree that any employment relationship with the Company is at-will. The Company does not promise or guarantee employment for any specified period of time. Either I or the Company may end the employment relationship at any time, for any reason, with or without cause or notice. I further understand that the policies, procedures, rules, and benefits contained in the employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.

Date _____ Signature of Applicant _____