

Application For Employment

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

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/>	<input type="checkbox"/> Walk-In
<input type="checkbox"/>	<input type="checkbox"/> Other

Personal Information (Complete all applicable information - please print)

Name (Full - Last, First, MI)		Social Security Number	
Street Address		City	State Zip
Home Phone	Business Phone	Can you travel if a job requires it?	
Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights		When could you start employment?	
Have you ever applied for employment with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No When?		Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No When?	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are under eighteen (18) years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony within the last seven (7) years? (Conviction will not necessarily disqualify an applicant from employment) If yes, please explain _____ _____			

Employment History (List below last four employers, starting with the most recent one first)

1) Present or Last Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Duties		Reason for Leaving	
Starting Hourly Rate	Final Annual Salary	Bonus	Commission May we contact your Supervisor?
Name of Supervisor		Title and Department of Supervisor	
		Phone Number of Supervisor	
2) Present or Last Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Duties		Reason for Leaving	
Starting Hourly Rate	Final Annual Salary	Bonus	Commission May we contact your Supervisor?
Name of Supervisor		Title and Department of Supervisor	
		Phone Number of Supervisor	
3) Present or Last Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Duties		Reason for Leaving	
Starting Hourly Rate	Final Annual Salary	Bonus	Commission May we contact your Supervisor?
Name of Supervisor		Title and Department of Supervisor	
		Phone Number of Supervisor	

4) Present or Last Position	Name of Company	From Mo/Yr	To Mo/Yr	
Street Address		City	State	Zip
Duties		Reason for Leaving		
Starting Hourly Rate	Final Annual Salary	Bonus	Commission	May we contact your Supervisor?
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor

Education Information

High School or GED	Dates Attended From Mo/Yr _____ To Mo/Yr _____	City	State	Degree	Subjects Studied	
College	Dates Attended From Mo/Yr _____ To Mo/Yr _____	City	State	Degree	Major	GPA
College	Dates Attended From Mo/Yr _____ To Mo/Yr _____	City	State	Degree	Major	GPA
Graduate School	Dates Attended From Mo/Yr _____ To Mo/Yr _____	City	State	Degree	Major	GPA
Other	Dates Attended From Mo/Yr _____ To Mo/Yr _____	City	State	Degree	Major	GPA

Additional Information

State any additional information you feel may be helpful to us in considering your application.

References

1)	(Name)	(Address)	(Phone)
2)	(Name)	(Address)	(Phone)
3)	(Name)	(Address)	(Phone)

Please Read The Following Statement Carefully

In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed "at will" and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.

This application for employment shall be considered active for a period of time not to exceed forty-five (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 certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.

I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I authorize investigation of all statements contained in the application. I will, upon request, sign all necessary consent forms.

Date	Signature
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