



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

All questions must be answered. Please use ink or type.

DATE REferred BY - SOURCE

PERSONAL INFORMATION FULL NAME: LAST FIRST MIDDLE EMAIL ADDRESS PRESENT ADDRESS STREET CITY STATE ZIP TELEPHONE # PREVIOUS ADDRESS STREET CITY STATE ZIP CELL/ALTERNATE #

EMPLOYMENT DESIRED

POSITION APPLIED FOR: ARE YOU APPLYING FOR: REGULAR FULL-TIME WORK? REGULAR PART-TIME WORK? TEMPORARY WORK, e.g., SUMMER OR HOLIDAY WORK? OTHER: SALARY/HOURLY RATE DESIRED:

IF HIRED WHAT DATE CAN YOU START WORK? IF APPLYING FOR A TEMPORARY WORK, DURING WHAT PERIOD OF TIME WILL YOU BE AVAILABLE? FROM: TO: ARE YOU AVAILABLE TO WORK ON WEEKENDS? YES NO

WOULD YOU BE AVAILABLE TO WORK OVERTIME, IF NECESSARY? YES NO OPTIONAL THE INFORMATION REQUESTED BELOW IS NECESSARY FOR THE SPECIFIC POSITION FOR WHICH YOU ARE APPLYING. NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF CONVICTION OF A CRIMINAL OFFENSE.

WHAT DAYS AND HOURS ARE YOU AVAILABLE FOR WORK? ANY INFORMATION REGARDING CRIMINAL HISTORY WILL BE MAINTAINED CONFIDENTIALLY. HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR SERIOUS MISDEMEANOR)? (MISDEMEANOR CONVICTIONS FOR MARIJUANA-RELATED OFFENSES THAT ARE MORE THAN TWO YEARS OLD NEDD NOT BE LISTED.) YES NO IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE:

PERSONAL INFORMATION

HAVE YOU EVER APPLIED TO OR WORKED FOR THE COMPANY BEFORE? YES NO IF YES, WHEN? WHERE? DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR THE COMPANY? YES NO IF YES, STATE NAME(S) AND RELATIONSHIP: NAME: RELATIONSHIP: NAME: RELATIONSHIP:

IF HIRED, WOULD YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? YES NO WHY ARE YOU APPLYING FOR WORK AT THE COMPANY?

PLEASE LIST THE COUNTIES AND STATES LIVED IN DURING THE PAST THREE YEARS:

PLEASE INDICATE OTHER NAMES YOU HAVE USED IN PREVIOUS EMPLOYMENT OR SCHOOLING (FOR REFERENCE ONLY):	ARE YOU AT LEAST 18 YEARS OLD? (IF UNDER 18, HIRE IS SUBJECT TO VERIFICATION OF MINIMUM LEGAL AGE) <input type="checkbox"/> YES <input type="checkbox"/> NO
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IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR LEGAL RIGHT TO WORK IN THE U.S.?
 YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION?
 YES NO

IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED: _____

(NOTE: THE COMPANY COMPLIES WITH ALL APPLICABLE LAWS WITH RESPECT TO DISABILITY AND CONSIDERS REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL FUNCTIONS, HIRE MAY BE SUBJECT TO PASSING A MEDICAL EXAM, AND TO SKILL AND AGILITY TESTS.)

EDUCATION/ TRAINING/EXPERIENCE

NAME AND LOCATION OF SCHOOL(S)	MAJOR SUBJECTS	NO. OF YEARS ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
POST GRADUATE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
SPECIAL TRAINING/TRADE SCHOOLS			<input type="checkbox"/> YES <input type="checkbox"/> NO	

INDICATE ANY ADDITIONAL OR SUPPLEMENTAL EDUCATION, INCLUDING EXTENSION COURSES, SEMINARS, MILITARY TRAINING, ETC.

LIST ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS OR SKILLS (INCLUDING OFFICE AND COMPUTER SKILLS) WHICH YOU FEEL MAKE YOU ESPECIALLY SUITED FOR WORK AT THE COMPANY.

OPTIONAL
MANY OF OUR CUSTOMERS/CLIENTS DO NOT SPEAK ENGLISH? DO YOU SPEAK, WRITE, OR UNDERSTAND ANY FOREIGN LANGUAGES? YES NO
IF YES, WHICH LANGUAGE(S)?

TYPING YES NO WPM: _____

ANSWER THE FOLLOWING IF YOU ARE APPLYING FOR A PROFESSIONAL POSITION:

ARE YOU LICENSED/CERTIFIED FOR THE JOB APPLIED FOR? YES NO

NAME OF LICENSE/CERTIFICATION: _____

HAS YOUR LICENSE/CERTIFICATION EVER BEEN REVOKED OR SUSPENDED? YES NO
IF YES, STATE REASON(S), DATE OF REVOCATION OR SUSPENSION, AND DATE OF REINSTATEMENT: _____

ADDITIONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH OUR COMPANY? YES NO

IF YES, PLEASE EXPLAIN: _____

DRIVING HISTORY

YOU MAY BE REQUIRED TO DRIVE A VEHICLE.

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO IF YES, ISSUING STATE _____ EXPIRATION _____

DURING THE PAST FIVE YEARS, HAVE YOU EVER BEEN DENIED A DRIVER'S LICENSE, OR CONVICTED OF A MOVING TRAFFIC OFFENSE, INCLUDING, BUT NOT LIMITED TO, DRIVING WHILE INTOXICATED OR RECKLESS DRIVING? YES NO

IF YES, PLEASE EXPLAIN: _____

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH, AND SIGN BELOW

I HEREBY CERTIFY THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT MIGHT ADVERSELY AFFECT MY CHANCES FOR EMPLOYMENT AND THAT THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I, THE UNDERSIGNED APPLICANT, PERSONALLY COMPLETED THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT ON THIS APPLICATION OR ON ANY DOCUMENT USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR, IF I AM EMPLOYED, IMMEDIATE DISCHARGE, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

INITIALS

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED OR DURING MY EMPLOYMENT, IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND THE COMPANY. I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, MY EMPLOYMENT IS AT-WILL, MEANING IT IS FOR NO DEFINITE OR DETERMINABLE PERIOD AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE OR CAUSE, AT THE OPTION OF EITHER MYSELF OR THE COMPANY, AND THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON THE COMPANY UNLESS MADE IN WRITING AND SIGNED BY ME AND THE COMPANY'S DESIGNATED REPRESENTATIVE.

INITIALS

I HEREBY AUTHORIZE THE COMPANY TO THOROUGHLY INVESTIGATE MY REFERENCES, WORK RECORD, EDUCATION, AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT. I FURTHER AUTHORIZE THE REFERENCES LISTED ABOVE TO DISCLOSE TO THE COMPANY ANY AND ALL LETTERS, REPORTS, AND OTHER INFORMATION RELATED TO MY WORK RECORDS, WITHOUT PROVIDING ME PRIOR NOTICE OF SUCH DISCLOSURE. I HEREBY RELEASE THE COMPANY, MY FORMER EMPLOYERS, AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS, AND ASSOCIATIONS FROM ANY AND ALL CLAIMS, DEMANDS AND/OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

INITIALS

SHOULD A SEARCH OF PUBLIC RECORDS (INCLUDING RECORDS DOCUMENTING AN ARREST, INDICTMENT, CONVICTION, CIVIL JUDICIAL ACTION, TAX LIEN OR OUTSTANDING JUDGMENT) BE CONDUCTED BY INTERNAL PERSONNEL EMPLOYED BY THE COMPANY, I AM ENTITLED TO COPIES OF ANY SUCH PUBLIC RECORDS OBTAINED BY THE COMPANY UNLESS I CHECK THE BOX BELOW. IF I AM NOT HIRED AS A RESULT OF SUCH INFORMATION, I AM ENTITLED TO A COPY OF ANY SUCH RECORDS EVEN IF I HAVE CHECKED THE BOX BELOW.

INITIALS

I WAIVE RECEIPT OF A COPY OF ANY PUBLIC RECORD DESCRIBED ABOVE.

DATE

APPLICANT'S SIGNATURE