



Application for Employment

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. **PLEASE PRINT**, except for signature on back of Application. All information given will be available only to persons who have a "need to know" or as required by law. This company will make reasonable accommodation in the application process, if needed.

Your personal information

Last name		First name		Middle name / initial	
Street address					Apartment number
City		State		Zip code	
Home telephone number		Alternate / message telephone number		Social security number	
Are you at least 16 years of age? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you at least 18 years of age? <input type="checkbox"/> yes <input type="checkbox"/> no	Can you, upon employment, provide proof of either U.S. citizenship or the legal right to work in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no			

Your career interests and availability

What position are you applying for?					What date can you begin work?	
Are you capable of performing, with or without accommodation, the essential functions of the position for which you have applied? <input type="checkbox"/> yes <input type="checkbox"/> no						
What type of work are you applying for? <input type="checkbox"/> Full-time (30 hours or more each week) <input type="checkbox"/> Part-time (less than 30 hours each week) <input type="checkbox"/> On-call / temporary						
What work schedule would you prefer? <input type="checkbox"/> any hours <input type="checkbox"/> mornings <input type="checkbox"/> afternoons <input type="checkbox"/> evenings <input type="checkbox"/> night time / grave shift <input type="checkbox"/> weekends						
What hours are you available to work for each day of the week?						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From _____ a.m. p.m.	From _____ a.m. p.m.	From _____ a.m. p.m.	From _____ a.m. p.m.	From _____ a.m. p.m.	From _____ a.m. p.m.	From _____ a.m. p.m.
To _____ a.m. p.m.	To _____ a.m. p.m.	To _____ a.m. p.m.	To _____ a.m. p.m.	To _____ a.m. p.m.	To _____ a.m. p.m.	To _____ a.m. p.m.
How were you referred to us?						
<input type="checkbox"/> Advertisement (where? _____)		<input type="checkbox"/> School (which school? _____)				
<input type="checkbox"/> Friend / relative who works/used to work here (name _____ do they current work here? <input type="checkbox"/> yes <input type="checkbox"/> no)				<input type="checkbox"/> other _____		
Have you ever been employed by the company? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list dates and location _____						

Your education and training

What is the highest level of education that you have obtained?		
<input type="checkbox"/> Completed 12 years or less	<input type="checkbox"/> Some college	<input type="checkbox"/> Post graduate study (no degree)
<input type="checkbox"/> High school graduate or GED	<input type="checkbox"/> Associate degree	<input type="checkbox"/> Masters degree
<input type="checkbox"/> Business or trade school graduate	<input type="checkbox"/> Bachelors degree	<input type="checkbox"/> Ph.D. or higher
Major subject or field of study _____		
School name and address _____		
Last year attended _____		Graduated / degree received? <input type="checkbox"/> yes <input type="checkbox"/> no

Your Work History

Please complete your employment record for the last ten years. Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. Include any periods of unemployment.

1	Period of employment From: _____ To _____	Name of employer	
	Street address, including city, state and zip code of employer		
Supervisor's name		Telephone number	Your job title(s)
Description of duties			
		May we contact current employer?	Reason for leaving or pursuing other employment?
2	Period of employment From: _____ To _____	Name of employer	
	Street address city, state and zip code of employer		
Supervisor's name		Telephone number	Your job title(s)
Description of duties			
		May we contact current employer?	Reason for leaving or pursuing other employment?
3	Period of employment From: _____ To _____	Name of employer	
	Street address city, state and zip code of employer		
Supervisor's name		Telephone number	Your job title(s)
Description of duties			
		May we contact current employer?	Reason for leaving or pursuing other employment?

References

Name	Telephone Number	Best time to call	Occupation

Applicant's Statement

This Application for Employment is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, educational institutions, custodians of official records or other sources. Only job-related information will be considered in evaluating my employment application or continued employment.

I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records. I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

I understand that any job offer that may be extended to me may be contingent upon the successful completion of a drug and alcohol test. I understand that a drug test will be required following a work-related injury. Additionally, if my position requires the operation of motor vehicles, any job offer will be contingent on an acceptable driving record and verification of a valid driver's license.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that, if hired, my employment is for no definite period and either the Company or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.** I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

Applicant signature	Date
---------------------	------