



# Employment Application

**Applicant Instructions** - If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form or our HR Department and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below
2. Complete all three pages.
3. If more space is needed to complete any question, use the comments section on the last page.
4. Print clearly if filling out manually; incomplete or illegible applications will not be processed.

Name (last, first, middle) \_\_\_\_\_ Today's Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ e-mail \_\_\_\_\_

**Applicant Note** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

**Availability** For which position are you applying \_\_\_\_\_ What date can you start? \_\_\_\_\_

What category would you prefer?  Full-time  Part-time  Temporary

For which schedules are you available?  Weekdays  Weekends  Evenings  Nights  Overtime

**Education** Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than above, please enter that name \_\_\_\_\_

High School	City/State	Graduate?	Degree?
College	City/State	Graduate?	Degree?
Other	City/State	Graduate?	Degree?

**Security** List states and counties of residence for the past seven years. \_\_\_\_\_

Have you used any names or Social Security Numbers other than those on this page?  Yes  No If so, please list in the comments section

Have you been convicted of, or served time for a felony in the past seven years?  Yes  No If so please describe below. (In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

Incident	City/State	Charge
Incident	City/State	Charge

**Job-Related Skills**

NOTE: Do not fill out any part of this section you believe to be non-job related.

List languages you are fluent. \_\_\_\_\_

If the job requires, do you have the appropriate valid drivers license?  Yes  No

DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

Have you had any moving violations?  Yes  No Please describe \_\_\_\_\_

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or Company. \_\_\_\_\_

Have you been given a job description or had the requirements of the job explained to you?  Yes  No

Do you understand these requirements?  Yes  No

Can you perform the requirements of this job with or without reasonable accommodation?  Yes  No

**Previous Employers**

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if you need. **FOR EMPLOYERS OUTSIDE OF THE U.S., A CURRENT FAX NUMBER IS MANDATORY.**

Most recent employer. <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently working for this employer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, may we contact?			
1. Company Name	Dates of employment	From	To
Address	City	State	Zip code
Phone ( )	Fax ( )		
Job Title	Supervisor Name		
Duties			
Beginning salary	Ending salary	Reason for Leaving	
2. Company Name	Dates of employment	From	To
Address	City	State	Zip code
Phone ( )	Fax ( )		
Job Title	Supervisor Name		
Duties			
Beginning salary	Ending salary	Reason for Leaving	
3. Company Name	Dates of employment	From	To
Address	City	State	Zip code
Phone ( )	Fax ( )		
Job Title	Supervisor Name		
Duties			
Beginning salary	Ending salary	Reason for Leaving	

**References**

Include only individuals familiar with your work ability. Do not include relatives.

<b>Name</b>	<b>Address/Phone</b>	<b>Years Known/Relationship</b>
1.		
2.		
3.		

**Comments**

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**Certification and Release** I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and /or its agents, including consumer reporting bureaus, to verify any if this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notes**

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