



# Employment Application

**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 and every effort will be made to accommodate your needs in a reasonable amount of time. 1. Read carefully and complete both sides of this page. 2. If more space is needed to complete any question, use comments section at the bottom of this page. 3. Print clearly, incomplete or illegible applications won't be processed. **Please Note:** If not answering a question state "Not Applicable".

Today's Date \_\_\_\_\_ Date available for employment \_\_\_\_\_ Are you 18 years or older? Yes \_\_\_ No \_\_\_

Position applying for \_\_\_\_\_  
(you will be considered for only this position)

Have you been given a job description or had the essential functions of the job explained to you? Yes \_\_\_ No \_\_\_

Do you understand the essential functions of this position? Yes \_\_\_ No \_\_\_

Can you perform the essential functions of this job with or without reasonable accommodation? Yes \_\_\_ No \_\_\_

**Note:** This application will expire 30 days after today's date. If you wish to be considered for a position after that time, you must submit a new application.

**PERSONAL DATA** Name \_\_\_\_\_  
last first middle

Current Address \_\_\_\_\_  
number and street city state zip

Prior Address \_\_\_\_\_  
number and street city state zip

Social Security Number \_\_\_\_\_ Your Phone Number \_\_\_\_\_

Under the immigration Reform and Control Act of 1986, the Company is required to verify employment eligibility. If employed, can you provide employment eligibility documents? Yes \_\_\_ No \_\_\_

**Note:** The Company does not discriminate on the basis of citizenship or national origin. In completing this application for employment you may exclude information that indicates race, color, religion, sex, age, national origin, disability, or marital status. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientations, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities.

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

Have you used any names or Social Security Numbers other than given above? Yes \_\_\_ No \_\_\_

If so, please list in comments, below.

Have you been convicted of a crime in the past seven years? Yes \_\_\_ No \_\_\_

If so, please describe in the boxes below. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

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

Name on license \_\_\_\_\_ DL# \_\_\_\_\_ Type \_\_\_\_\_ State of issue \_\_\_\_\_

Please list any additional information that you think we should consider in evaluating your application for employment. \_\_\_\_\_

**EDUCATION** Note: do not fill out any part of this section you believe to be non-job related.

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

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

SCHOOL NAME	CITY/STATE	GRADUATE?	DEGREE?
High School			
College			
Other			

**Comments** \_\_\_\_\_

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## 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 necessary.  
**FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.**

<b>MOST RECENT EMPLOYER</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently working for this employer?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, may we contact?	
				Phone _____
				Fax _____
company name _____	city _____	state _____		
From _____ To _____	job title _____	supervisor's name _____		
dates employed _____				
duties _____				
salary _____ per _____	reason for leaving _____			
(hour, week, month)				
<b>SECOND MOST RECENT EMPLOYER</b>				
				Phone _____
				Fax _____
company name _____	city _____	state _____		
From _____ To _____	job title _____	supervisor's name _____		
dates employed _____				
duties _____				
salary _____ per _____	reason for leaving _____			
(hour, week, month)				
<b>THIRD MOST RECENT EMPLOYER</b>				
				Phone _____
				Fax _____
company name _____	city _____	state _____		
From _____ To _____	job title _____	supervisor's name _____		
dates employed _____				
duties _____				
salary _____ per _____	reason for leaving _____			
(hour, week, month)				

## REFERENCES

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

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

**Certification and Release:** I certify that I have read this form in its entirety and that the information I have provided is true, accurate, and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading, or erroneous, it may result in the rejection of my application or in my discharge if I am employed regardless of when the false, misleading, or erroneous information is discovered.

I further understand and agree that this application is not a contract or employment, and that any individual hired by the Company may voluntarily leave his or her employment or may be terminated by the Company at any time for any reason. I understand that, other than a written agreement signed by the president of the Company any oral or written statements to the contrary are not valid, are expressly disavowed, and should not be relied upon by any prospective or existing employee.

signature \_\_\_\_\_

date \_\_\_\_\_

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by the Company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by the Company or its' agent, to furnish the information described above.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.

signature \_\_\_\_\_

date \_\_\_\_\_

date