



Worksite: _____

APPLICATION FOR EMPLOYMENT

Note: Where more space is required, use separate sheet; please print.

Today's Date: ___/___/___ Date available for work: ___/___/___ Desire Full-time / Part-time/ Temporary
 Position(s) applying for: _____ Pay rate desired: _____

GENERAL INFORMATION

Name: _____ Soc. Sec. No. ___ / ___ / ___
 Last First MI
 Phone: Daytime (___) _____ Evening (___) _____

Street Address	Apt #	City	State	Zip	County	From:	To:

	YES	NO
Are you 18 years of age or older?.....	<input type="checkbox"/>	<input type="checkbox"/>
If under 18, can you provide a work permit if required?	<input type="checkbox"/>	<input type="checkbox"/>
If hired, can you provide written evidence that you are authorized to work in the U.S.?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
Are there currently any felony charges against you?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to either above, please state date, place, & nature of conviction (a conviction does not constitute automatic bar from employment): _____		
Have you ever worked for this Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: _____		
Dates: From: _____ To: _____ Position: _____ Pay rate: _____		
Reason for leaving: _____		

EDUCATION

Name of School & Location	No. Years Attended	Graduated Yes or No	Major	Degree/Cert. Received
High School				
College				
Technical Training Other				
Military: Branch	Yrs From: To:	Rank at Discharge:	Training Received:	

REFERENCES

List below three persons, not related to you, which have known you more than one (1) year

Name	Address	Phone #	Business	Years Acquainted

EMPLOYMENT HISTORY

List all employers for the last five years starting with present or most recent employer (additional sheet available if needed)

Dates (mo & yr)	Employer's Name, Address & Ph#	Supervisor's Name & Title	Position(s)	Salary (start/end)
Fr				
To				

Reason for Leaving: Resigned Discharged Lay-Off Other (explain): _____
May we contact this employer? Yes No If no please explain: _____

Dates (mo & yr)	Employer's Name, Address & Ph#	Supervisor's Name & Title	Position(s)	Salary (start/end)
Fr				
To				

Reason for Leaving: Resigned Discharged Lay-Off Other (explain): _____
May we contact this employer? Yes No If no please explain: _____

Dates (mo & yr)	Employer's Name, Address & Ph#	Supervisor's Name & Title	Position(s)	Salary (start/end)
Fr				
To				

Reason for Leaving: Resigned Discharged Lay-Off Other (explain): _____
May we contact this employer? Yes No If no please explain: _____

TO BE READ AND SIGNED BY ALL APPLICANTS

Applicants are considered for employment without regard to race, religion, color, national origin, sex, age, marital status or the presence of any disability unless such disability effectively prevents the performance of the essential duties and functions required of the position.

If you have a physical, mental or medical impairment which would interfere with your ability to perform in a position at the Company but which may be accommodated by, for instance, the purchasing of equipment or devices, the provision of readers or interpreters or the restructuring or altering of work schedules, the law requires that you notify the Company in writing of your need for accommodation within 182 days after you become aware or should reasonably have known the accommodation was needed.

NOTICE: DRUG TESTING: It is our policy to maintain a work place that is free from the effects of both legal and illegal drugs and/or alcohol abuse. We may conduct drug testing of job applicants. Should we consider you for employment, you may be contacted regarding the time and location of the drug test. Refusal to take or failing the drug test will disqualify you from considerations for employment.

The Company may conduct a thorough criminal background and employment reference checks at the Company's discretion.

I understand that this application is not a contract of employment. I certify that the answers given by me to the forgoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I hereby authorize all persons and institutions mentioned on this application to give information relative to possible future employment. I agree to release said persons, institutions, and Company from all liability in regard to the final outcome(s) due to the transmission of reference material. I understand that falsification of any material information on this application may be considered sufficient cause for immediate termination. I understand that the employer follows an "employment at will" in that I, or the employer, may terminate my employment at any time for any reason consistent with applicable State or Federal law.

I agree that I will not commence any action or lawsuit relating to my employment or application for employment with Company more than six months after the employment action that is the subject of the action or lawsuit, and I agree to waive any statute of limitations to the contrary. I understand that this applies even if the law would give me that right, and that any claims not brought within six months after the relevant employment action will be barred.

APPLICANT SIGNATURE

DATE