



Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you applying for: <input type="checkbox"/> Temporary Work (summer or holiday) <input type="checkbox"/> Regular part-time <input type="checkbox"/> Regular Full-Time			
If applying for temporary work, when will you be available?			
What days and hours are you available for work? Can you work: <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Overtime If hired, on what date can you start working?			
How were you referred to this Company?		Have you ever applied to/worked for this company before? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes please explain (include date(s))	
If hired, are you willing to submit to and pass a controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If hired, would you be able to present evidence of your U.S. Citizenship or proof of your legal right to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a criminal offense (felony or misdemeanor)? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please describe the crime, state the nature of the crime(s), when and where convicted and disposition of the case			
If hired would you have transportation to/from work? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<i>(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)</i>			
Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, describe the functions that cannot be performed			
<i>(Note: Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)</i>			

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Vocational		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
REFERENCES				
<i>Please list three persons who have knowledge of your work performance within the last four years. Professional references only.</i>				
Full Name		Relationship		
Company		Phone ()		
Address				
Full Name		Relationship		
Company		Phone ()		
Address				
Full Name		Relationship		
Company		Phone ()		
Address				
PREVIOUS EMPLOYMENT				
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If you are employed, may we contact your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed.				
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	
Skills/Duties	
Related details	

DISCLAIMER AND SIGNATURE	
Please Read and Initial Each Paragraph, then Sign Below	
<p>I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.</p> <p>_____</p>	
<p>I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.</p> <p>_____</p>	
<p>I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.</p> <p>_____</p>	
Signature	Date