APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer.

PERSONAL INFORMATION

			DATE	
FULL LEGAL NAME (as it appears on your social security card)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY		STATE	ZIP
PERMANENT ADDRESS (if different)	CITY		STATE	ZIP
PERSONAL PHONE	BUSINESS PHONE		ARE YOU 18 YEARS OR OLDER? ☐ Yes ☐ No	

DESIRED EMPLOYMENT

POSITION APPLYING FOR:	DATE YOU ARE AVAILABLE	SALARY DESIRED
ARE YOU EMPLOYED NOW? ☐ Yes ☐ No IF SO, may we contact your current employer? ☐ Yes ☐ No	Are you available to work weekends? ☐ Yes ☐ No Are you available to work overtime? ☐ Yes ☐ No	

DO YOU WANT: ☐ Regular full-time work ☐ Regular part-time work: Hours _____ to _____

☐ Temporary work: From (dates) _____ to _____

IF HIRED: Can you present evidence of your legal right to work in the U.S.? ☐ Yes ☐ No

Would you have a reliable means of transportation to and from work? ☐ Yes ☐ No

WHO REFERRED YOU TO THIS COMPANY?

☐ Ad for job opening ☐ Walk in ☐ Friend/Family (Name) _____

☐ Employment agency ☐ Unemployment Office ☐ Employee (Name) _____

PERFORMANCE OF ESSENTIAL JOB FUNCTIONS

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? ☐ Yes ☐ No

(If no, describe the functions that cannot be performed.)

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	# OF YRS COMPLETED	DID YOU GRADUATE?	DEGREE / DIPLOMA
HIGH SCHOOL			☐ Yes ☐ No	
COLLEGE / UNIVERSITY			☐ Yes ☐ No	
VOCATIONAL / BUSINESS			☐ Yes ☐ No	
OTHER			☐ Yes ☐ No	

FORMER EMPLOYERS

LIST ALL YOUR EMPLOYERS OVER THE PAST 7 YEARS, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? ☐ Yes ☐ No	STARTING WAGE $ PER	FINAL WAGE $ PER	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? ☐ Yes ☐ No	STARTING WAGE $ PER	FINAL WAGE $ PER	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? ☐ Yes ☐ No	STARTING WAGE $ PER	FINAL WAGE $ PER	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? ☐ Yes ☐ No	STARTING WAGE $ PER	FINAL WAGE $ PER	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? ☐ Yes ☐ No	STARTING WAGE $ PER	FINAL WAGE $ PER	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

MILITARY SERVICE

SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY

CONVICTIONS

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (felony or serious misdemeanor)? ☐ Yes ☐ No
IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE(S).
Convictions for marijuana-related offenses that are more than 2 years old need not be listed. Convictions will not necessarily disqualify an applicant for employment.

ADDITIONAL INFORMATION

SPECIAL LICENSES OR CERTIFICATIONS
OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT YOU FEEL ARE RELEVANT TO EMPLOYMENT WITH THIS COMPANY

PROFESSIONAL REFERENCES

PROVIDE THREE (3) PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE (1) YEAR.

NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED

AUTHORIZATIONS – *Please read carefully, initial each paragraph, and sign below:*

_____ **TRUTHFULNESS OF APPLICATION**: I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of material facts may result in termination of my employment.

_____ **AUTHORIZATION TO INVESTIGATE**: I authorize any of the persons or organizations referenced in this application to give the Company any and all information concerning my previous employment, education, or any other information they might have, with regard to any of the subjects covered by this application, and release all such parties from the liability for any damage that may result from furnishing such information. I authorize the Company to request and receive such information.

_____ **AT-WILL RELATIONSHIP**: I understand and agree that if I am offered employment with the Company it will be on an "at-will" basis. This means that either I or the Company may terminate the employment relationship at any time for any reason, with or without cause. I further understand that the "at-will" nature of my employment with the Company is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the chief executive officer of the Company. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company.

_____ **SEARCH OF PUBLIC RECORDS**: Should a search of public records—including records of an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment—be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

☐ I waive receipt of a copy of any public record described in the above paragraph.

_____ _____

SIGNATURE DATE