

Application For Employment

We are an equal opportunity employer. We comply with all applicable Federal, State and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

PLEASE PRINT

Position(s) applied for _____ Date of Application ____/____/____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Phone _____ Mobile/Beeper/Other Phone _____ Social Security # _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational/Co-Op

Are you able to meet the attendance requirements for the position? Yes No

Driver's license number if driving is an essential job function _____ State _____

Work Experience List present and former employers beginning with the most recent

FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			
FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			
FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			
FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying _____

Record of Education

(IF JOB RELATED)

NAME AND LOCATION	YRS COMP	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

Personal References

(NOT FORMER EMPLOYERS OR RELATIVES)

NAME	PHONE	YEARS KNOWN

To be completed by all applicants - Please read carefully before signing

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN ANY RESUME PROVIDED BY ME OR ANY PARTY REPRESENTING MY INTERESTS IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS, MISREPRESENTATIONS OR OMISSIONS MADE BY ME ON THIS APPLICATION OR ANY SUPPLEMENT THERETO, WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THIS APPLICATION OR DISCHARGE AFTER EMPLOYMENT.

I GIVE THE EMPLOYER THE RIGHT TO OBTAIN PERTINENT INFORMATION CONCERNING ME FROM FORMER EMPLOYERS AND OTHERS, AND I RELEASE ALL THOSE PROVIDING OR REQUESTING SUCH INFORMATION FROM ANY LIABILITY THAT MAY ARISE BY TRUTHFUL DISCLOSURES OR SUCH INVESTIGATIONS.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW, THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THE COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I'M HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

Your signature acknowledges you have read and agree to the material above.

Applicant's Signature _____ Date ____/____/____