



Employee Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PERSONAL:

(PLEASE PRINT)

Date ____/____/____

Last Name		First Name		Middle Name	
Address			City	State	Zip Code
Telephone Number(s)		Social Security Number		Drivers License Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work: Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment Yes No

Have you been convicted of a felony within the last 7 years? Conviction will not necessarily disqualify an applicant from employment. Yes No

If yes, please explain: _____

EMPLOYMENT DESIRED:

Are you seeking: Full Time Part time Temporary or summer employment?

Position applying for _____ Salary Desired \$_____ Date Available to start _____

Have you ever applied to our company before? Yes No If yes, give date _____

Have you ever been employed with us before? Yes No If yes, give date _____

Are you currently employed? Yes No

CAPABILITY/ RELIABILITY:

Would you be able to perform all of the tasks required by the job you are applying for? Yes No

If not, explain which tasks _____

Have you filed any type of fraudulent claim against any of your present or past employers? Yes No

If so, explain _____

How many days of work have you missed in the last two years? _____

How many days have you been late to work in the past two years? _____

Would you be able to report to work on time every day on a regular and consistent basis? Yes No

If no, please explain _____

REFERENCE

Give name, address and telephone number of three references that are not related to you and are not previous employers.

1.

2.

3.

EDUCATION

	Elementary School					High School				Undergraduate College / University				Graduate Professional			
School Name & Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship and skills.																	

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			Reason for Leaving
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			Reason for Leaving

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			Reason for Leaving
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			Reason for Leaving

EMERGENCY CONTACTS

Name	Relationship	Phone #	Work #
Address			
Name	Relationship	Phone #	Work #
Address			

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason at all, with or without prior notice.

Signature _____ Date ____/____/____

COMPANY USE ONLY

Interviewed by: _____

Interviewer's remarks: _____

Was a job description supplied to applicant at interview? Yes No

If so, which job description? _____