

# EMPLOYMENT APPLICATION

An Equal Opportunity Employer

A Drug Free Workplace

PLEASE PRINT

Company: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Permanent/Prior Address for the past 3 years: \_\_\_\_\_

## EMPLOYMENT DESIRED:

Position Applied For: \_\_\_\_\_ (Per attached Job Description)

Are you applying for: Permanent work  Seasonal work  and Full-Time  Part-Time

Days and Hours you are available \_\_\_\_\_

Are you available to work: Evenings? Yes No Weekends? Yes No Overtime? Yes No

If hired, when can you report to work? \_\_\_/\_\_\_/\_\_\_ Salary Desired: \_\_\_\_\_

## PERSONAL INFORMATION

Have you ever applied to or worked for this company? Yes No

If yes, when? \_\_\_\_\_

Do you have any friend(s) or relative(s) working for this company? Yes No

If yes, state name(s) and relationship: \_\_\_\_\_

Why are you applying for work at this company? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No (If under 18, hire is subject to verification that you are of minimum legal age)

If hired, can you present evidence of your legal right to live and work in this country? Yes No

Have you ever been convicted of a crime? Yes No (A conviction will not necessarily disqualify you)

If yes, state nature of crime, when and where convicted, and disposition of the case:

\_\_\_\_\_  
\_\_\_\_\_

Have you taken any illegal drugs within the last 30 days?  Yes  No

Have you ever been forced to resign or discharged?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Did you receive disciplinary action within the last 12 months of active employment?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)**

**EDUCATION, TRAINING AND EXPERIENCE**

<b>School</b>	<b>Name and Address</b>	<b>Graduate?</b>	<b>Degree/Diploma</b>
High School:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care Field:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Do you speak, write or understand any foreign language(s)?  Yes  No

If yes, which language(s)? \_\_\_\_\_

Do you have any other experiences, training, qualifications or skills which you feel make you especially suited for work at this company?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Answer the following questions if you are applying for a DRIVING POSITION:**

Are licensed/certified for the job applied for?  Yes  No      Are you over 21?  Yes  No

Name of license certification: \_\_\_\_\_

Issuing State: \_\_\_\_\_      License/certification No: \_\_\_\_\_

Has your license/certification ever been revoked or suspended?  Yes  No

If yes, state reason(s), date of revocation or suspension and date of reinstatement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

List below all present and past employment starting with your most recent employer, the last 10 years is sufficient.

Name of Employer: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title: \_\_\_\_\_

Position and Duties \_\_\_\_\_

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Pay: Begin: \_\_\_\_\_ End: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title: \_\_\_\_\_

Position and Duties \_\_\_\_\_

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Pay: Begin: \_\_\_\_\_ End: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title: \_\_\_\_\_

Position and Duties \_\_\_\_\_

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Pay: Begin: \_\_\_\_\_ End: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title: \_\_\_\_\_

Position and Duties \_\_\_\_\_

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Pay: Begin: \_\_\_\_\_ End: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**If further employment history is necessary to cover ten years, please use separate paper.**

**IMPORTANT NOTICE:  
APPLICANT MUST COMPLETELY ANSWER EACH QUESTION OR THIS APPLICATION WILL NOT BE  
PROCESSED FURTHER**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, personally completed this application. I understand that any omission or misstatement of fact on this application or any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time lapsed before discovery. I understand that nothing contained in the application or conveyed during any interview, which may be granted, is intended to create an employment contract between the company and me. I understand that this application is not an offer of employment and no promises or representations of employment have been made to me at this time. I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative. If hired, I will be responsible for familiarizing myself with all rules, regulations, policies, procedures and regulations of the Company as they presently exist or are later modified.

*This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from the date signed, I will submit a new application.*

**This company is a Drug Free Workplace and I understand that a Drug Test will be required. I also acknowledge receipt of the Job Description for which I am applying.**

*I have read, understand, and agree with the above.*

\_\_\_\_\_  
**Applicant's Printed Name**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date**

**Authorization/Release**

I hereby authorize this company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize my former employers to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demand or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date**