

Employment Application

Please Print



APPLICANT INFORMATION											
Last Name				First				M.I.		Date	
Street Address						Apartment/Unit #					
City				State				ZIP			
Phone				E-mail Address							
Date Available				Social Security No.				Date of Birth			
Position Applied for						Desired Salary					
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you available for full-time employment			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain						
Are you available on Holidays and Weekends?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, specify						
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Active Military?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what branch?						
EDUCATION											
High School				Address							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Grade Completed					
College				Address							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other				Address							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES											
<i>Please list three professional references.</i>											
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											

(Application continues on back)

PREVIOUS EMPLOYMENT

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"/>			

AVAILABILITY

SUNDAY	FROM		TO	
MONDAY	FROM		TO	
TUESDAY	FROM		TO	
WEDNESDAY	FROM		TO	
THURSDAY	FROM		TO	
FRIDAY	FROM		TO	
SATURDAY	FROM		TO	

DISCLAIMER AND SIGNATURE

PLEASE READ BEFORE SIGNING: The information I have provided in this Application is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected, or, if discovered after I am employed, cause for immediate termination of my employment. I authorize the employer to contact and obtain information about me from previous employers, educational institutions I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

I understand that this application is not an employment agreement. If I accept an offer of employment, I understand employer may terminate my employment at any time with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination, as part of my application process. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.

Authorized Signature	Date
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