



APPLICATION FOR EMPLOYMENT

The Company will make every effort to meet a request for disability accommodation. If you require accommodation to participate in our application process, please contact our office.

Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered.
PLEASE PRINT

JOB INTEREST		
Position Applying For:	Today's Date:	
Type of employment desired (check one): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		
When are you available for employment?		
GENERAL INFORMATION		
Name (First, Middle Initial, Last):	Driver's License No. & State:	
Address (Street, City, State, Zip):		
Telephone Number:	Email Address:	
Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever applied here before? Yes <input type="checkbox"/> No <input type="checkbox"/> When?		
Were you ever employed here? Yes <input type="checkbox"/> No <input type="checkbox"/> When?		
Are you eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have any commitments or agreements with another employer which might affect your employment here? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please explain:		
EDUCATION		
Name & Address of School Attended	Did you Graduate?	List Diploma or Degree
High School	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or University	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	
SPECIAL SKILLS & QUALIFICATIONS		
Please summarize special skills and qualifications:		



YOUR EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name and supply business references. If you worked in any of the positions under another name, please give name(s). **May we contact your present employer for references?** Yes No
If additional space is needed, please attach supplemental information.

EMPLOYER NAME & ADDRESS

Employer:	Supervisor:
Address:	Phone:
Dates Employed (month/year): From: _____ To: _____	Position Held:
Description of Duties:	
Reason for Leaving:	

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Address:	Phone:
Dates Employed (month/year): From: _____ To: _____	Position Held:
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Employer:	Supervisor:
Address:	Phone:
Dates Employed (month/year): From: _____ To: _____	Position Held:
Description of Duties:	
Reason for Leaving:	



REFERENCES

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

AFFIDAVIT

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand that, if I am hired, I must produce applicable documents confirming my identity and showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, educational institutions, and other references, listed or not listed on this application, may be contacted by the Company. These references are authorized to give the Company any and all pertinent information they may have. I release all persons or entities involved, including the Company, from all liability arising from this contact and provision of information.

I agree to submit to any post-offer, pre-employment testing or physicals, as required by the Company.

I also authorize the Employer to conduct credit, police, criminal and driving record inquiries, or any other employment related inquiries in compliance with the provisions of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et. seq. I understand that the decision to hire me and my continued employment will be subject to the results of these inquiries.

I agree to conform to all the Company's policies, rules, and procedures.

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between the Company and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and the Company has the same right.

Signature

Date