

Employment Application

Please fill out completely. Type in your information or handprint using a black or blue pen.

Personal Information

Name (Last, First, MI)

Street address

City, State, Zip

Home phone number

Work phone number

Cell phone number

E-mail address

Driver's license number/state/expiration *(if job involves any driving)*

Employment Desired

Position applied for

How did you hear about this position?

Date available for work

Desired hours (full time, part time, etc.)

Education

	Name of School	City, State	Date of Graduation	Degree/ Diploma
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 10):

.....

.....

Last Name, First Initial:

Today's Date:

Employment Application

Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

1.	Employer (Current? <input type="checkbox"/> Yes <input type="checkbox"/> No) (May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip			2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving (or wanting to leave if currently employed)			
	What value did you add to this company or its customers?			
2.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip			2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	What value did you add to this company or its customers?			

[PLEASE CONTINUE ON NEXT PAGE]

Employment Application

Employment History

3.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip			2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	What value did you add to this company or its customers?			
4.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip			2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	What value did you add to this company or its customers?			

[PLEASE CONTINUE ON NEXT PAGE]

Employment Application

Employment History

5.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip			2.
	Phone number			3.
	Fax number	Supervisor		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	What value did you add to this company or its customers?			
6.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip			2.
	Phone number			3.
	Fax number	Supervisor		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	What value did you add to this company or its customers?			

[PLEASE CONTINUE ON NEXT PAGE]

Employment Application

Additional Information

Have you ever been employed with this company before? Yes No
If Yes, when?

Do you have any friends or relatives employed by this company? Yes No
If Yes, please provide their names and relationship to you:

Are you currently employed? Yes No
May we contact your employer? Yes No
Are you currently on "lay off" status and subject to recall? Yes No

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

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

Do you or will you in the future require sponsorship for employment visa status (e.g. H-1B visa status)? Yes No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

Are you able to stand for long periods of time? Yes No

Are you able to lift to 40lbs periodically throughout the scheduled shift? Yes No

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

If hired, would you be able to travel or work overtime or weekends as needed? Yes No

Employment Application

REFERENCES:

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name (<input type="checkbox"/> Personal <input type="checkbox"/> Professional)		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Name (<input type="checkbox"/> Personal <input type="checkbox"/> Professional)		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Name (<input type="checkbox"/> Personal <input type="checkbox"/> Professional)		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Additional Space

Additional space provided to expand on any points or questions asked previously in this application

PLEASE USE ADDITIONAL PAPER IF NECESSARY

Employment Application

Please read each statement closely and initial each acknowledging your understanding

Equal Employment Opportunity Statement

_____ This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

Discrimination and Sexual Harassment Policy Statement

_____ This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment. Complaints of harassment and/or discrimination should immediately be reported to the Human Resources Director.

Disclosure to Applicants Concerning Drug/Alcohol Testing

_____ If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not generally be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Post-Offer Medical Examination

_____ I acknowledge that, upon the company offering a conditional job offer, the company may require me to undergo a medical examination. I understand that, prior to undergoing the medical examination, a conditional job offer will have been made to me, all relevant non-medical information will have been evaluated by the Company, and the final pre-employment test that remains will be the medical examination.

The purpose of medical examination is to determine whether I currently have the physical or mental qualifications necessary to perform the job that has been offered; whether and what accommodations may be necessary; and whether I can perform the job without posing a direct threat to the health or safety of myself or others. I understand that all employees are subjected to such an examination regardless of disability, and the information elicited during the medical examination, including any medical questionnaire I may complete during the exam, will be kept confidential in a separate medical file, apart from my personnel file.

Name: _____

Signature: _____

Witness: _____ Witness: _____

Complete and Accurate Information

_____ 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 have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

_____ I understand and agree that if I am employed, my employment will be “at-will”, which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company’s president.

Testing Authorization

_____ If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment. I request that the results of such tests be disclosed to the Company, and I hereby release the Company, its employees and agents from any and all legal liability flowing from my taking such tests or my failure or refusal to take such tests.

Investigation Authorization

_____ I authorize investigation into all statements and references contained in this application and other matters related to my suitability for employment. Said investigation may include interviews with past employers, workers and friends. I understand that the Company will not perform any criminal background checks until after the Company has determined that I am qualified for the position and I have been notified that I am selected for an interview with the Company (or in the event there is no interview for the position I am applying for, after a conditional offer of employment has been made to me by the Company). Upon the Company meeting the foregoing events/conditions, I authorize reasonable investigations into my driving and criminal background. I also authorize my former employers or any third party to disclose to the Company all reports and other information related to my suitability for employment, without giving me prior notice of such disclosure, and I hereby release the Company, former employers and all references from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

Company Obligation

_____ I understand and agree that the Company’s acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application. If hired, I agree to abide by all Company work rules, policies, and procedures relating to work performance and conduct. I also understand and agree that the Company may change, interpret, withdraw, or add to Company policies from time to time with or without prior notice to me.

MY ANSWERS HAVE BEEN TRUE AND ACCURATE PURSUANT TO THE PENALTY OF PERJURY UNDER THE LAWS OF THIS STATE. I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Signature

Date

