



APPLICATION FOR EMPLOYMENT

TODAY'S DATE:	_____
DESIRED POSITION:	_____

**GENERAL INFORMATION**

Name: _____	SS #: _____
Address: _____	Phone #: _____
City: _____ State: _____	Email: _____

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No Date available to start: \_\_\_\_\_

**EMPLOYMENT RECORD:** Starting with the present or most recent, list the last 3 employers.

Company: _____	Phone #: _____
Address: _____	City, State: _____
Dates Employed: From: _____ To: _____	
Start Position/Salary: _____	Leaving Position/Salary: _____
Duties: _____	
Reason for Leaving: _____	

Company: _____	Phone #: _____
Address: _____	City, State: _____
Dates Employed: From: _____ To: _____	
Start Position/Salary: _____	Leaving Position/Salary: _____
Duties: _____	
Reason for Leaving: _____	

Company: _____	Phone #: _____
Address: _____	City, State: _____
Dates Employed: From: _____ To: _____	
Start Position/Salary: _____	Leaving Position/Salary: _____
Duties: _____	
Reason for Leaving: _____	



**EDUCATION**

High School: _____	Location: _____	No. of Years Attended: _____
Diploma: _____	GED: _____	
College: _____	Location: _____	No. of Years Attended: _____
Degree: _____		
Trade School: _____	Location: _____	No. of Years Attended: _____
Certificate: _____		

**REFERENCES (not related)**

Name: _____	Phone #: _____
Address: _____	No. of Yrs Known: _____
Name: _____	Phone #: _____
Address: _____	No. of Yrs Known: _____
Name: _____	Phone #: _____
Address: _____	No. of Yrs Known: _____

**SERVICE RECORD**

Have you ever served in the U.S. Armed Forces? _____ Yes _____ No
Branch _____ Discharge Date: _____ Rank: _____

**ADD'L INFORMATION** (please provide any additional information you wish considered in processing your application)

_____
_____
_____
_____
_____
_____

**INTERVIEWER'S NOTES**

_____
_____
_____
_____



**MEDICAL INFORMATION**

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a drug test at Company expense and by a Company chosen individual with the offer of employment conditioned on the result of such test. Employees, at any time during the course of their employment, may be required to undergo a drug test at Company expense and by a Company chosen individual.

I authorize the individual conducting the test and any laboratory testing any specimen obtained by the individual to disclose the results of the test to the Company.

\_\_\_\_\_

Applicant Signature

Are you able to perform the essential functions of this job with or without reasonable accomodation?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Initials

Have you ever been convicted of, plead Guilty,/No Contest to, or had a suspended imposition of sentence for any offense (other than a minor traffic violation)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

(A convictional record will not necessarily exclude you from consideration. This information will be used only for job related purposes and only to the extent permitted by law.)

It is the policy of this company to hire only U.S. citizens and aliens who are authorized to work in this country. As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work and to complete the U.S. Immigration and Naturalization Service's Form I-9.

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission will subject me to discharge and I hereby authorize any investigation of the information provided, work experience, education or reputaion for purpose of consideration of my application for employment and release the Company from all liability for any damage that may result from utilization of such information.

This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason, with or without notice.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Application Date

This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

**INTERVIEWER'S NOTES**

\_\_\_\_\_

\_\_\_\_\_

HIRE: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Start Date: \_\_\_\_\_

\_\_\_\_\_ Maybe \_\_\_\_\_ Wage: \_\_\_\_\_ Division: \_\_\_\_\_