

# EMPLOYMENT APPLICATION

(PLEASE PRINT PLAINLY)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

## PERSONAL

Date: \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
*Last First Middle Initial*

Present address \_\_\_\_\_  
*No. Street City*  
\_\_\_\_\_ Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_  
*State Zip Area*

## EMPLOYMENT DESIRED

Position(s) applied for 1. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

2. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

Do you want to work  Full-time?  Part-time? Specify days and hours if part-time \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If hired, on what date will you be available to start work? \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Company?

## JOB QUALIFICATIONS

1. Are you able to perform the tasks of the job for which you are applying (see job description or job demonstration). \_\_\_\_\_

2. If not, would you be able to perform the tasks of the job with a reasonable accommodation?  Yes  No. If so, describe how you would perform the tasks and with what accommodation(s)? \_\_\_\_\_

## PERSONAL REFERENCES

(Excluding Former Employers or Relatives)

Name and Occupation	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Applications will remain active for 30 days.

# MILITARY SERVICE RECORD

Have you ever served in the armed forces of the United States?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of duty; From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge \_\_\_\_\_  
Month Day Year Month Day Year

What were your duties in the Service? \_\_\_\_\_

Did you receive any special training in the Service? \_\_\_\_\_ If yes, describe. \_\_\_\_\_

# EDUCATION RECORD

School	Name and Address of School	Course of Study	Circle Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary		*****					<input type="checkbox"/> Yes	*****
							<input type="checkbox"/> No	
High							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
College							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
College							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	

List any specialized training or skill development that apply to this position. \_\_\_\_\_

Note any honors and extra curricular activities that may relate. \_\_\_\_\_

## TO THE APPLICANT:

Do not answer any *italicized* question below the double line unless the employer has checked the box next to the question. A check indicates that the information requested is needed for 1) a bonafide occupational qualification, 2) is in compliance with national security laws, or 3) other legally permissible reasons.

*If under age 18, \_\_\_\_\_ Birth Date Employment is subject to verification that you are of minimum legal age.*

*Have you ever been bonded?  Yes  No If yes, for what job(s)? \_\_\_\_\_*

*Have you ever been convicted of a crime, or had an adjudication withheld, other than a minor traffic offense?  Yes  No. If yes, please state date, nature of offense, and other circumstances. NOTE: A conviction does not automatically mean you cannot be hired. What you were convicted of and how long ago are important. Give all of the facts so that a decision can be made.*

*Employer may ask other bonafide occupational questions below:*

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

# PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

DATES		NAME, PHONE AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Your Job Title.		Describe in detail the work you did.				

DATES		NAME, PHONE AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Your Job Title.		Describe in detail the work you did.				

DATES		NAME, PHONE AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
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FROM	TO		START	FINISH		
Your Job Title.		Describe in detail the work you did.				

May we contact the employers listed above?

If not, indicate below which one(s) you do not wish us to contact.

Person to be notified in case of accident or emergency

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

*Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his complete background. To assist us in finding the proper position for you in our company, use the space below to summarize any additional information necessary to describe your full qualifications.*

**IMMIGRATION REFORM AND CONTROL ACT OF 1986**

I understand that, if hired, I will be required to offer for examination documents proving that I am a United States citizen or an alien currently authorized to work in the United States. I also understand that my continued employment is contingent upon my providing the necessary documentation within the prescribed time frames.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE.

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

\_\_\_\_\_  
Date

**PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION AND AGREEMENT**

I authorize an investigation of my personal or employment history, and of all statements contained in this application. I authorize any former employer, person, firm, corporation, credit agency, or government agency to report any information they may have regarding me, and I release all providers of information from any liability as a result of furnishing this information. I understand that any misrepresentation or omissions in this application shall be considered cause for disqualification from further consideration for hire or for dismissal if discovered subsequent to being hired.

I agree to conform to the rules and regulations of the Company and understand and agree that, if hired, my employment is for no definite period and may, regardless of my designated pay period or salary, be terminated at any time, for any reason, without any previous notice, at either my or the Company's option. I also understand and agree that no employee of the Company, other than the President, has any authority to enter into any agreement for employment for a specified period, or to make any agreement or representation contrary to the provisions of this Application and Agreement.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your merit and on no other consideration.

**DO NOT WRITE BELOW THIS LINE**

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_

Remarks \_\_\_\_\_

Acceptable for Employment? \_\_\_\_\_ Starting Rate \_\_\_\_\_ Starting Date \_\_\_\_\_ Shift \_\_\_\_\_

Occupation \_\_\_\_\_ Dept. \_\_\_\_\_ Clock No. \_\_\_\_\_

Approved by \_\_\_\_\_  
Signature Title

Signature

Title