



# EMPLOYMENT APPLICATION

**INSTRUCTIONS:** PLEASE PRINT ALL INFORMATION. THE APPLICATION MUST BE FILLED OUT ACCURATELY AND COMPLETELY. ANSWER ALL QUESTIONS. DO NOT LEAVE AN ITEM BLANK. IF AN ITEM DOES NOT APPLY, WRITE "N/A" (NOT APPLICABLE). INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

<b>WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND A DRUG FREE WORKPLACE</b>		
WE CONSIDER ALL APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO VETERAN STATUS, UNIFORMED SERVICEMEMBER STATUS, RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, AGE, PHYSICAL AND MENTAL DISABILITY, GENETIC INFORMATION OR ANY OTHER CATEGORY PROTECTED BY APPLICABLE FEDERAL, STATE, OR LOCAL LAWS.		
THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.		
POSITION APPLIED FOR ( <i>LIST ONLY ONE</i> )	DESIRED SALARY/HOURLY RATE	DATE OF APPLICATION
LAST NAME	FIRST NAME	MIDDLE NAME
PRESENT STREET ADDRESS		
CITY	STATE	ZIP CODE
HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? ( <i>YEARS/MONTHS</i> )	WORK TELEPHONE NUMBER	
E-MAIL ADDRESS ( <i>OPTIONAL</i> )	HOME/CELLULAR TELEPHONE NUMBER	

PLEASE CHECK THE APPROPRIATE RESPONSES	
<p>1. IF UNDER THE AGE OF 18, ARE YOU ABLE TO PRODUCE THE NECESSARY WORK CERTIFICATE AT THE TIME OF EMPLOYMENT?</p> <p style="text-align: center;"><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>2. MAY WE CONTACT YOUR PRESENT EMPLOYER?</p> <p style="text-align: center;"><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>3. ARE YOU WILLING TO WORK OVERTIME?</p> <p style="text-align: center;"><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>4. CAN YOU TRAVEL IF A JOB REQUIRES IT?</p> <p style="text-align: center;"><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>5. ARE YOU WILLING TO RELOCATE?</p> <p style="text-align: center;"><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>	<p>6. ARE YOU AVAILABLE TO WORK:</p> <p style="text-align: center;"> <input type="checkbox"/> ANY TIME      <input type="checkbox"/> FULL-TIME      <input type="checkbox"/> PART-TIME  <input type="checkbox"/> SHIFT WORK      <input type="checkbox"/> WEEKENDS      <input type="checkbox"/> TEMPORARY         </p> <p>7. HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY?</p> <p style="text-align: center;"><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p style="text-align: center; font-size: small;">IF YES, PROVIDE DATES OF EMPLOYMENT, LOCATION, AND REASON FOR SEPARATION FROM EMPLOYMENT.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p>

EDUCATION	SCHOOL NAME AND LOCATION (ADDRESS, CITY, STATE)	COURSE OF STUDY	GRADUATE? Y OR N	# OF YEARS COMPLETED	DEGREE/ MAJOR
HIGH SCHOOL:					
COLLEGE / UNIVERSITY:					
BUSINESS / TECHNICAL:					
MILITARY:					
OTHER:					

DRIVER LICENSE INFORMATION	
DO YOU HAVE A VALID DRIVER'S LICENSE?	DRIVER'S LICENSE NUMBER: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	STATE: _____      EXPIRATION DATE: _____
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE PROVIDE DATES AND EXPLAIN: _____	
_____	

**WORK HISTORY**

PLEASE LIST THE NAMES OF YOUR PRESENT AND/OR PREVIOUS EMPLOYERS IN CHRONOLOGICAL ORDER WITH PRESENT OR MOST RECENT EMPLOYER FIRST. PROVIDE INFORMATION FOR AT LEAST THE MOST RECENT TEN (10) YEAR PERIOD. ATTACH ADDITIONAL SHEETS IF NEEDED. IF SELF-EMPLOYED, SUPPLY FIRM NAME AND BUSINESS REFERENCES. YOU MAY INCLUDE ANY VERIFIABLE WORK PERFORMED ON A VOLUNTEER BASIS, INTERNSHIPS, OR MILITARY SERVICE. YOUR FAILURE TO COMPLETELY RESPOND TO EACH INQUIRY MAY DISQUALIFY YOU FOR CONSIDERATION FROM EMPLOYMENT. DO NOT ANSWER "SEE RESUME."

DATES EMPLOYED (MONTH AND YEAR)		EMPLOYER:
FROM	TO	ADDRESS:
		TELEPHONE NUMBER(S):
HOURS PER WEEK \$		YOUR JOB TITLE:
STARTING SALARY \$		SUPERVISOR'S NAME AND TITLE:
LAST SALARY \$		REASON FOR LEAVING POSITION:
DUTIES:		
WHAT WILL THIS EMPLOYER SAY WAS THE REASON YOUR EMPLOYMENT TERMINATED?		
HOW MUCH NOTICE DID YOU GIVE WHEN RESIGNING? IF NONE, EXPLAIN.		

DATES EMPLOYED (MONTH AND YEAR)		EMPLOYER:
FROM	TO	ADDRESS:
		TELEPHONE NUMBER(S):
HOURS PER WEEK \$		YOUR JOB TITLE:
STARTING SALARY \$		SUPERVISOR'S NAME AND TITLE:
LAST SALARY \$		REASON FOR LEAVING POSITION:
DUTIES:		
WHAT WILL THIS EMPLOYER SAY WAS THE REASON YOUR EMPLOYMENT TERMINATED?		
HOW MUCH NOTICE DID YOU GIVE WHEN RESIGNING? IF NONE, EXPLAIN.		

DATES EMPLOYED (MONTH AND YEAR)		EMPLOYER:
FROM	TO	ADDRESS:
		TELEPHONE NUMBER(S):
HOURS PER WEEK \$		YOUR JOB TITLE:
STARTING SALARY \$		SUPERVISOR'S NAME AND TITLE:
LAST SALARY \$		REASON FOR LEAVING POSITION:
DUTIES:		
WHAT WILL THIS EMPLOYER SAY WAS THE REASON YOUR EMPLOYMENT TERMINATED?		
HOW MUCH NOTICE DID YOU GIVE WHEN RESIGNING? IF NONE, EXPLAIN.		

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, HOW MANY TIMES?	IF YOU ANSWERED YES TO ANY OF THE THREE QUESTIONS TO THE LEFT, PLEASE EXPLAIN THE CIRCUMSTANCE OF EACH OCCASION.
HAS YOUR EMPLOYMENT EVER BEEN TERMINATED BY MUTUAL AGREEMENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, HOW MANY TIMES?	
HAVE YOU EVER BEEN GIVEN THE CHOICE TO RESIGN RATHER THAN BE TERMINATED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, HOW MANY TIMES?	

**ADDITIONAL INFORMATION**

IF APPLICABLE, LIST BELOW ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN WHICH MAY BE NECESSARY TO ALLOW US TO CONFIRM YOUR WORK AND EDUCATIONAL RECORD. FOR EXAMPLE: CHANGE OF NAME, USE OF AN ASSUMED NAME, NICKNAME, ETC.

_____
_____
_____
_____

**PERSONAL / PROFESSIONAL REFERENCES**

PLEASE LIST THE NAMES OF ADDITIONAL WORK-RELATED REFERENCES WE MAY CONTACT. INDIVIDUALS WITH NO PRIOR WORK EXPERIENCE MAY LIST SCHOOL OR VOLUNTEER-RELATED REFERENCES.

NAME AND JOB TITLE	POSITION	WORK RELATIONSHIP
COMPANY	ADDRESS	TELEPHONE NUMBER
NAME AND JOB TITLE	POSITION	WORK RELATIONSHIP
COMPANY	ADDRESS	TELEPHONE NUMBER

PLEASE LIST THE NAMES OF PERSONAL REFERENCES (NOT PREVIOUS EMPLOYERS OR RELATIVES) WHO KNOW YOU WELL THAT WE MAY CONTACT.

NAME	OCCUPATION	NUMBER OF YEARS KNOWN
OCCUPATION	ADDRESS	TELEPHONE NUMBER
NAME AND JOB TITLE	OCCUPATION	NUMBER OF YEARS KNOWN
COMPANY	ADDRESS	TELEPHONE NUMBER

**APPLICANT'S CERTIFICATION**

PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW:

I UNDERSTAND AND AGREE THAT IF DRIVING IS A REQUIREMENT OF THE JOB FOR WHICH I AM APPLYING, MY EMPLOYMENT AND/OR CONTINUED EMPLOYMENT IS CONTINGENT ON POSSESSING A VALID DRIVER'S LICENSE FOR THE STATE IN WHICH I RESIDE AND AUTOMOBILE LIABILITY INSURANCE IN AN AMOUNT EQUAL TO THE MINIMUM REQUIRED BY THE STATE WHERE I RESIDE.

I UNDERSTAND THAT THE COMPANY MAY NOW HAVE, OR MAY ESTABLISH, A DRUG-FREE WORKPLACE OR DRUG AND/OR ALCOHOL TESTING PROGRAM CONSISTENT WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAW. IF THE COMPANY HAS SUCH A PROGRAM AND I AM OFFERED A CONDITIONAL OFFER OF EMPLOYMENT, I UNDERSTAND THAT IF A PRE-EMPLOYMENT (POST-OFFER) DRUG AND/OR ALCOHOL TEST IS POSITIVE, THE EMPLOYMENT OFFER MAY BE WITHDRAWN. I AGREE TO WORK UNDER THE CONDITIONS REQUIRING A DRUG-FREE WORKPLACE, CONSISTENT WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAW. I ALSO UNDERSTAND THAT ALL EMPLOYEES OF THE LOCATION, PURSUANT TO THE COMPANY'S POLICY AND FEDERAL, STATE, AND LOCAL LAW, MAY BE SUBJECT TO URINALYSIS AND/OR BLOOD SCREENING OR OTHER MEDICALLY RECOGNIZED TESTS DESIGNED TO DETECT THE PRESENCE OF ALCOHOL OR ILLEGAL OR CONTROLLED DRUGS. IF EMPLOYED, I UNDERSTAND THAT THE TAKING OF ALCOHOL AND/OR DRUG TESTS IS A CONDITION OF CONTINUAL EMPLOYMENT AND I AGREE TO UNDERGO ALCOHOL AND DRUG TESTING CONSISTENT WITH THE COMPANY'S POLICIES AND APPLICABLE FEDERAL, STATE AND LOCAL LAW.

IF EMPLOYED BY THE COMPANY, I UNDERSTAND AND AGREE THAT THE COMPANY, TO THE EXTENT PERMITTED BY FEDERAL, STATE, AND LOCAL LAW, MAY EXERCISE ITS RIGHT, WITHOUT PRIOR WARNING OR NOTICE, TO CONDUCT INVESTIGATIONS OF PROPERTY (INCLUDING, BUT NOT LIMITED TO, FILES, LOCKERS, DESKS, VEHICLES, AND COMPUTERS) AND, IN CERTAIN CIRCUMSTANCES, MY PERSONAL PROPERTY.

I UNDERSTAND AND AGREE THAT AS A CONDITION OF EMPLOYMENT AND TO THE EXTENT PERMITTED BY FEDERAL, STATE, AND LOCAL LAW, I MAY BE REQUIRED TO SIGN A CONFIDENTIALITY, RESTRICTIVE COVENANT, AND/OR CONFLICT OF INTEREST STATEMENT.

I CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION, MY RESUME, OR ANY SUPPORTING DOCUMENTS I MAY PRESENT DURING ANY INTERVIEW IS AND WILL BE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION, OR OMISSION OF ANY INFORMATION MAY RESULT IN DISQUALIFICATION FROM CONSIDERATION FOR EMPLOYMENT OR, IF EMPLOYED, DISCIPLINARY ACTION, UP TO AND INCLUDING IMMEDIATE DISMISSAL.

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT - EXPRESS OR IMPLIED - WITH ME OR ANY APPLICANT FOR THE EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.**

**IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.**

I AUTHORIZE THE COMPANY OR ITS AGENTS TO CONFIRM ALL STATEMENTS CONTAINED IN THIS APPLICATION AND/OR RESUME AS IT RELATES TO THE POSITION I AM SEEKING TO THE EXTENT PERMITTED BY FEDERAL, STATE OR LOCAL LAW. I AGREE TO COMPLETE ANY REQUISITE AUTHORIZATION FORMS FOR THE BACKGROUND INVESTIGATION WHICH MAY BE PERMITTED BY FEDERAL, STATE, AND/OR LOCAL LAW. IF APPLICABLE AND ALLOWED BY LAW, I WILL RECEIVE SEPARATE WRITTEN NOTIFICATION REGARDING THE COMPANY'S INTENT TO OBTAIN "CONSUMER REPORTS."

I AUTHORIZE AND CONSENT TO, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER TO FURNISH THE ABOVE-MENTIONED INFORMATION. I HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS, TO THE EXTENT PERMITTED BY FEDERAL, STATE, AND LOCAL LAW, ANY PARTY DELIVERING INFORMATION TO THE COMPANY OR ITS DULY AUTHORIZED REPRESENTATIVE PURSUANT TO THIS AUTHORIZATION FROM ANY LIABILITY, CLAIMS, CHARGES, OR CAUSES OF ACTION WHICH I MAY HAVE AS A RESULT OF THE DELIVERY OF DISCLOSURE OF THE ABOVE REQUESTED INFORMATION. I HEREBY RELEASE FROM THE LIABILITY THE COMPANY AND ITS REPRESENTATIVE FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS, OR ORGANIZATIONS FURNISHING SUCH INFORMATION. FURTHER, IF HIRED, I AUTHORIZE THE COMPANY TO PROVIDE TRUTHFUL INFORMATION CONCERNING MY EMPLOYMENT TO FUTURE EMPLOYERS AND HOLD THE COMPANY HARMLESS FOR PROVIDING SUCH INFORMATION.

IF HIRED BY THIS COMPANY, I UNDERSTAND THAT I WILL BE REQUIRED TO PROVIDE GENUINE DOCUMENTATION ESTABLISHING MY IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES BY THIS COMPANY. I ALSO UNDERSTAND THIS COMPANY EMPLOYS ONLY INDIVIDUALS WHO ARE LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

**DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

IF THE APPLICANT IS A MINOR, THE FORGOING RELEASE AND CONSENT MUST BE SIGNED BY THE APPLICANT'S PARENT OR LEGAL GUARDIAN. SIGNATURE BY THE APPLICANT'S PARENT OR LEGAL GUARDIAN CONSTITUTES ACKNOWLEDGEMENT BY THE APPLICANT AND THE PARENT OR LEGAL GUARDIAN THAT THE COMPANY, TO THE EXTENT PERMITTED BY FEDERAL, STATE, AND LOCAL LAW, CAN TEST THE APPLICANT FOR ILLEGAL OR CONTROLLED SUBSTANCES, CONDUCT INSPECTIONS OF PROPERTY WITHOUT NOTICE, AND COMMUNICATE TEST RESULTS TO COMPANY PERSONNEL WHO NEED TO KNOW, THE APPLICANT, AND THE APPLICANT'S LEGAL GUARDIAN.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE