

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. We comply with all applicable Federal, State and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

THIS APPLICATION IS VALID FOR 90 DAYS

POSITION(S) APPLIED FOR		APPLICATION DATE	
LAST NAME		FIRST NAME	MIDDLE INITIAL
ADDRESS		CITY	STATE ZIP
TELEPHONE ()		DRIVERS LICENSE NO.(if Applicable)	
DATE AVAILABLE FOR WORK		EMPLOYMENT TYPE <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Co-op	
Were you previously employed by this organization?	<input type="checkbox"/> Yes, Dates Department/Position		<input type="checkbox"/> No
List any relatives or friends working for this organization.	Name	Relationship	
	_____	_____	
	_____	_____	

WORK EXPERIENCE – LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH MOST RECENT

FROM (MO/YR)	TO (MO/YR)	COMPANY NAME AND ADDRESS	TELEPHONE ()
LAST POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE		LAST WAGES	REASON FOR LEAVING
		PER	
FROM (MO/YR)	TO (MO/YR)	COMPANY NAME AND ADDRESS	TELEPHONE ()
LAST POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE		LAST WAGES	REASON FOR LEAVING
		PER	
FROM (MO/YR)	TO (MO/YR)	COMPANY NAME AND ADDRESS	TELEPHONE ()
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SUPERVISOR'S TITLE		LAST WAGES	REASON FOR LEAVING
		PER	
FROM (MO/YR)	TO (MO/YR)	COMPANY NAME AND ADDRESS	TELEPHONE ()
LAST POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE		LAST WAGES	REASON FOR LEAVING
		PER	

May we contact the above employers? Yes No If "no" indicate which ones(s) you do not wish us to contact.

Have you served an apprenticeship? Yes No
If yes, where?

TYPE OF TRADE

DATES

SPECIAL SKILLS AND QUALIFICATIONS-MECHANICAL AND/OR TECHNICAL EXPERIENCE AND ABILITIES RELEVANT TO THE POSITION FOR WHICH YOU HAVE APPLIED

EDUCATION

SCHOOL	LOCATION	NO. OF YEARS COMPLETED	DID YOU GRADUATE	COURSE OF STUDY	
HIGH SCHOOL					
COLLEGE				MAJOR	DEGREE
OTHER					

REFERENCES

NAME AND ADDRESS	RELATIONSHIP	TELEPHONE	YEARS KNOWN

MISCELLANEOUS INFORMATION

Have you been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? (A conviction record will not necessarily be a bar to employment.) Yes No

If yes, please explain and describe in full detail: _____

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship or by some other means? Yes No

APPLICANT'S CERTIFICATION – Please read carefully before signing.

I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that, if I become employed, a misrepresentation or omission may result in my discharge from employment.

I authorize the Company, as part of its evaluation of my suitability for employment, to contact all school officials, references, and my previous supervisors to secure information concerning my skills, character and ability.

I further acknowledge and agree that no manager or representative of the Company has any authority to enter into any employment agreement.

I understand and agree that, if I am employed, I will be an **at-will** employee and the Company may terminate my employment at any time and for any/or no reason without prior notice.

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE BELOW – FOR COMPANY USE ONLY

INTERVIEW	<input type="checkbox"/> NO <input type="checkbox"/> YES	ACCEPTABLE FOR EMPLOYMENT? <input type="radio"/> Yes <input type="radio"/> No
	DATE _____ TIME _____	DEPT. _____ CLOCK NO. _____
INTERVIEWED BY:	OCCUPATION _____	RATE _____