



APPLICATION FOR EMPLOYMENT

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, disability, veteran status, marital status, sexual orientation, or any other characteristic protected by law.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Date: _____

Name: _____
Last first middle initial

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Soc. Security #: _____

Position applied for: _____ Employment desired: Full-time Part-time On-call

What source led you to make an application with us? _____

EMPLOYMENT HISTORY

List your work experience for the **past five years**; present or most recent employer first:

Employer: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Telephone: _____

Employed from: _____ To: _____

Your last job title: _____ Type of work performed: _____

Present/last salary: _____ Specific reason for leaving: _____

Employer: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Telephone: _____

Employed from: _____ To: _____

Your last job title: _____ Type or work performed: _____

Present/last salary: _____ Specific reason for leaving: _____

Employer: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Telephone: _____

Employed from: _____ To: _____

Your last job title: _____ Type of work performed: _____

Present/last salary: _____ Specific reason for leaving: _____

EDUCATION

High School Name: _____ City: _____

Diploma or GED? _____ Major Courses Studied: _____

College/University Name: _____ City: _____

Degree (be specific): _____ How long attended: _____

Business/Trade School Name: _____ City: _____

Degree/Certification (be specific): _____ How long attended: _____

If you served in the United States Armed Forces, briefly describe the skills acquired: _____

PERSONAL INFORMATION

Are you legally authorized to work in the U.S.? _____ (You will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents).

Name, address and telephone number of someone other than a household member we can contact in case of emergency: _____

Are you at least 18 years of age? _____

Have you ever been charged/convicted of a crime? _____ (A conviction does not automatically bar you from employment).

If YES, give details (number and nature of conviction(s), date(s) and type(s) of rehabilitation: _____

If you are an experienced operator of any office machines or equipment, please list: _____

If you are an experienced operator of any plant machines or equipment, please list: _____

Do you have any other skills you wish to mention: _____

Are you presently employed? _____ If so, may we contact your present employer? _____

If hired, when would you be available? _____ Salary Expectations: _____

REFERENCES-Previous Supervisors or co-workers only; please, no friends or family members.

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Occupation: _____ Years Acquainted: _____

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Occupation: _____ Years Acquainted: _____

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Occupation: _____ Years Acquainted: _____

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the company shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may be cause for termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, a drug testing may be included as part of the regular pre-employment physical. I also authorize the companies, schools or persons named above to give any information requested regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either my employer or myself.

Applicant Signature: _____ Date: _____

