

# APPLICATION FOR EMPLOYMENT

(Valid for only 90 days)

An Equal Opportunity Employer



Please answer all questions. Resumes are not accepted in lieu of completion of this application. Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job you are seeking; however, we ask that you answer all questions.

Last Name (please print)                      First                      Middle                      Social Security Number                      Date

Present address                      Street                      City/State                      Zip Code                      Telephone Number

Position Applying for \_\_\_\_\_

Only U.S. citizens or aliens who have the legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?  Yes  No

Have you been convicted of a felony?  Yes  No      If Yes, give dates and explain, (Attach separate paper if necessary.) A conviction will not necessarily disqualify you from employment.

Are you over 18 years of age?  Yes  No      If under 18 years old, date of birth \_\_\_\_\_

## EDUCATIONAL DATA

School	Print name, Number, Street, City, State, and Zip Code for each school	No. of years completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus, Night, or Corres.				
Other				

Other skills: List any other job-related skills or qualifications that support your application. \_\_\_\_\_

Honors received: \_\_\_\_\_

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used?  Yes  No      If yes, identify names and relevant dates. \_\_\_\_\_

Have you had prior educational experience which relates to the job for which you are applying?  Yes  No

If yes, describe:

Are you a veteran of the U.S. Military Service?  Yes  No      If yes, which branch of Service? \_\_\_\_\_

If yes, beginning date and ending date of active duty: From: \_\_\_\_\_ To: \_\_\_\_\_

Date of Discharge from Military Service: \_\_\_\_\_ Yr/mo                      Yr/mo

Have you ever been dismissed or forced to resign from any employment?  Yes  No If yes, please explain. \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

Name _____	Phone Number _____	Relationship _____
Address _____		City/State _____

Do you have transportation to work?  Yes  No Will you work overtime if asked?  Yes  No

Are there any hours, shifts, or days that you will not work?  Yes  No If yes, explain:

Do you have any friends or relatives who work here?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Spouse Name \_\_\_\_\_ Address \_\_\_\_\_ Where Employed \_\_\_\_\_

Are you now employed?  Yes  No Are you on layoff?  Yes  No

Are you subject to recall?  Yes  No

May we contact your present employer?  Yes  No Previous employers?  Yes  No

Please identify any exceptions or reasons for not contacting prior employers: \_\_\_\_\_

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**CHARACTER REFERENCES:**

List 3 persons not related to you, whom you have known at least one year.

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

List below any other information or remarks that you wish to have considered as part of your application for employment.

Have you ever applied here before?  Yes  No If yes, give date: \_\_\_\_\_

Employer	Dates Employed (From/To)	Work Performed
Address		
Job Title	Hourly Rate/Salary (starting/Final)	
Immediate Supervisor	( )	Telephone No.
Reason for Leaving		

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**NOTICE TO APPLICANTS:** This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a confidential offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

**APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application, and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the employer from any liability as a result of such contact. I understand that misrepresentation, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts will be called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or company policies, conformity to our work rules, job performance, etc. And of course, an employee may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personal manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the forgoing.

We conduct our business with the highest possible degree of safety and efficacy. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood tests or urinalysis screening for drug or alcohol use.

This application will remain for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

I agree in advance if there is a workman's compensation or health claim, I the undersigned agree to an illegal substance and alcohol testing and understand that if I test positive my benefits, if any, will be severely cut or none at all.

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

This employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications