

APPLICATION FOR EMPLOYMENT
BY



An Equal Opportunity Employer

Personal Information: _____ **Date of Application:** _____

Name:

_____ Last _____ First _____ Middle _____
Address:

_____ (Street Address) _____ (City, State, Zip)

Phone Number: _____ Are you 18 years or older? Yes _____ No _____

Referred By: _____

Employment Desired: _____ **Date you can start:** _____ **Salary Desired:** _____
Position Applied For: _____

Full/ Part time: Days/ Evenings: _____

Are you employed: _____ If so, may we inquire of your present & prior employers? Yes _____ No _____

Ever applied to this company before? _____ Yes _____ No _____

Where? _____ When? _____

Education: Name and Location of School _____ **Number of Years Attended** _____

High School: _____

College: _____

Trade Business or Correspondence School: _____

Convictions, If any: Have you been convicted of a misdemeanor, gross misdemeanor, or felony?
Yes _____ No _____

(Convictions may be considered but will not necessarily disqualify an applicant from employment.)

If so, were any of such convictions directly or indirectly work related? Yes _____ No _____

If answer to either or both prior questions is yes, please provide full details as to each conviction.

Business Experience:

Previous Employer From: _____ to _____ .

Immediate Supervisor: _____ Title _____

Address: _____ Your Position _____

Wages: _____ per _____

Your Reason for Leaving _____

Phone Number _____

Business Experience:

Previous Employer From: _____ to _____ .

Immediate Supervisor: _____ Title _____

Address: _____ Your Position _____

Wages: _____ per _____

Your Reason for Leaving _____

Phone Number _____

Business Experience:

Previous Employer From: _____ to _____ .

Immediate Supervisor: _____ Title _____

Address: _____ Your Position _____

Wages: _____ per _____

Your Reason for Leaving _____

Phone Number _____

References: GIVE BELOW THE NAMES, ADDRESSES AND PHONE NUMBERS OF TWO PERSONS NOT RELATED TO YOU AND NOT A FORMER EMPLOYER:

Name	Address & Phone	Business or Relationship	Years Known
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Special Skills & Experience:

Please state any other background, licenses, skills or experience which you feel especially qualifies you for the position for which the application is made:

Applicant hereby understands and represents:

- (a) Applicant hereby gives full authority and permission to Employer to verify the information herein with the business and personal references stated. Applicant also authorizes employer to obtain background information permitted by law. Applicant will execute and deliver such forms as may be required by local, state and federal agencies for employer to obtain or verify background information. Applicant understands that if any such investigations or reports are conducted or obtained, information as may be required by law as to their nature and scope will be supplied upon written request by Applicant.
- (b) Applicant represents that the statements and information set forth herein are true, not misleading and complete and understands that the employer will rely on said information in order to make a decision of whether or not to employ Applicant. Applicant may be rejected for employment or Employer may terminate any employment offered or commenced, among other reasons, if it appears any statement or information furnished by the Applicant or Employee is untrue, misleading or incomplete. Applicant (and if employed, each employee) shall inform employer promptly of all changes which occur affecting the information provided employer.
- (c) If a conditional offer of employment is made by Employer or if Applicant is employed, Applicant shall be required to furnish Applicant's social security number and evidence of citizenship, visa, or other qualification for employment as required or permitted by law. Following a conditional offer of employment made to Applicant. Applicant may be required to submit to a medical examination as to work related abilities or conditions if required of all other persons conditionally offered employment for the same or similar position. If employed, Applicant may thereafter be required to furnish medical history and prior illness or injury information and other information if and to the extent required or permitted by law.
- (d) APPLICANT ACKNOWLEDGES THAT IF EMPLOYED BY EMPLOYER, APPLICANT SHALL BE AT ALL TIMES AN EMPLOYEE AT WILL, AND SUCH EMPLOYMENT MAY BE TERMINATED OR SUSPENDED AT ANY TIME BY EMPLOYER, WITH OR WITHOUT CAUSE, OR FOR NO CAUSE WHATSOEVER, IN THE SOLE DISCRETION OF EMPLOYER FOR ANY REASON NOT SPECIFICALLY PRECLUDED BY APPLICABLE LAW . NEITHER THE ACCEPTANCE OF THIS APPLICATION, NOR AN OFFER OF EMPLOYMENT, NOR THE MENT OF APPLICANT, SHALL CONSTITUTE OR BE CONSTRUED AS A PROMISE, AGREEMENT, OR COMMITMENT OF EMPLOYER OF CONTINUING EMPLOYMENT OF APPLICANT. IF EMPLOYED, APPLICANT SHALL BE REQUIRED TO COMPLY WITH ALL PROPER EMPLOYER POLICIES, RULES AND INSTRUCTIONS, AND EMPLOYER RESERVES THE RIGHT TO AMEND, CHANGE OR TERMINATE ANY SUCH POLICIES, RULES AND INSTRUCTIONS AT ANY TIME IN ITS SOLE DISCRETION UNLESS PROHIBITED BY LAW.

Date: _____ Applicant's Signature

 Print or Type Applicant's Name
