



EMPLOYMENT APPLICATION

Should you need reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department or other designated company representative.

Please Print.

Today's Date _____

GENERAL INFORMATION

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Home Telephone Number (____) _____ Mobile Number (____) _____

Are you 18 years or older? Yes No

Are you legally authorized to work in the United States? Yes No

Proof of eligibility documentation must be provided at time of hire as required by law.

EMPLOYMENT DESIRED

Position Applied For _____

Do you want to work: Full-time _____ Part-time _____ Temporary _____

Specify days and hours available, if part-time _____

Date available to start work _____ Salary Expectations _____

Did a current employee refer you for employment? Yes No

Name of employee who referred you _____

Have you applied for employment with this company within the last 12 months? Yes No

Have you ever worked for us before? Yes No

(Please provide your name of record at that time, job title and dates of employment) _____

An Equal Opportunity Employer

EDUCATION

	High School	Technical College	College	Graduate School
School Name and Location				
Years Completed (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree/Certificate				

SPECIAL SKILLS/ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, etc. Do not include experiences which would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, Vietnam-era veteran status, special disabled veteran status, status with regard to public assistance, membership or activity in a local commission, disability or age.

MISCELLANEOUS

Have you ever been convicted of a misdemeanor or felony? Yes* No

If yes, please provide date of conviction, state and county and describe circumstances _____

Has your employment with any employer ever been involuntarily terminated? Yes No

If yes, please identify the employer, date of termination and reason for termination: _____

**A conviction is not an automatic bar to employment. The type, seriousness, frequency of violations, recency, relevancy, work history, education and other circumstances will be considered.*

EMPLOYMENT HISTORY
(Please Start With Your Present or Most Recent Position)

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	PAY RATE:
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
<p align="right">May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	PAY RATE:
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
<p align="right">May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	PAY RATE:
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
<p align="right">May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	PAY RATE:
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
<p align="right">May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

REFERENCES

Please provide the names of three business references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name	Phone Number	Address	Years Known and In What Capacity
1.			
2.			
3.			

SIGNATURE

APPLICANT: *Please read the following carefully before signing this application.*

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Company and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and this Company has the right to terminate my employment at any time, for any reason or no reason, with or without notice. This Company's policies and procedures, including employment at-will, cannot be modified in any way without express written intent to do so by the President of this organization.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- Unless otherwise noted above, I authorize this Company and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Company any job-related information, personal or otherwise, they may have regarding me and I release this Company and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Company which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that all Company property must be returned and any indebtedness to the Company must be paid on or before my last day of work.

By signing below, I acknowledge that I have read, understand and agree with the above statements.

Date

(Signature of Applicant)

VOLUNTARY SELF-IDENTIFICATION FORM FOR APPLICANTS WITH NEW EEO-1 RACE AND ETHNICITY CATEGORIES

TO ALL APPLICANTS:

Our company is an **Equal Opportunity Employer** and as such we are subject to certain governmental recordkeeping and reporting requirements. At this time, we are asking you to help us meet our obligations by completing the following information. This information will only be used in accordance with the provisions of applicable laws, executive orders, and regulations. **Providing this information is voluntary and refusal to do so will not subject you to any adverse treatment.** All information provided will be kept confidential. It will remain separate from your employment application and will not be used in any way during the interviewing or hiring process or to make a selection decision.

Part I: General Information:

Name _____ Today's Date _____
Last First MI Month/Day/Year

Position Applied for _____

Part II: Gender, Ethnicity and Race Information: *For Ethnicity and Race, please check ONE box only from the list below*

- Male Female
- Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White**
(Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American**
(Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander**
(Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian**
(Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native**
(Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races**
(Not Hispanic or Latino) All persons who identify with more than one of the above five races.
- I do not wish to provide the information requested above.**

Part III: REFERRAL SOURCE: Please indicate how you heard about this opening

- Company website Job board Newspaper Temp agency Search firm
- Educational institution Walk-in Employee referral College Recruiting
- Professional Association Other _____