



## Application for Employment

### 1 INSTRUCTIONS

**PLEASE ANSWER ALL QUESTIONS.** Resumes **are not** accepted in lieu of completion of this application. Note: This document was designed to use with several types of positions. Some questions may not be completely applicable to the job/position you are seeking; however, we ask that you fully complete all areas of information.

### 2 APPLICANT INFORMATION

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Name:  
Last \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone #: (\_\_\_\_) \_\_\_\_\_ Other Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you under the age of 18?  Yes  No **(NOTE: If yes, you may be required to furnish proof of exemption or partial waiver as detailed by your State Child Labor Law.**

Have you previously filed an application with this company?  Yes  No If yes, give date. \_\_\_\_\_

Have you previously been employed by this company?  Yes  No If yes, give date. \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Other Phone #: (\_\_\_\_) \_\_\_\_\_

Please list any relatives or friends who are employed at this work site and their relationship to you: \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No Date available for work? \_\_\_\_\_

**(NOTE: You will be required to provide appropriate document(s) for completion of the I-9 at the time of employment)**

Type of employment desired:  Full-time  Part-time  Temporary  Seasonal  Educational Co-op

Do you have a reliable means of transportation (which will enable you to be at work as required)?  Yes  No

Will you work overtime if asked?  Yes  No

If required, are you able to work evenings?  Yes  No

If required, are you available for overnight travel?  Yes  No

If required, can you swim? \_\_\_\_\_

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

Have you ever been convicted of a felony/misdemeanor or pleaded nolo contendere (no contest) to a felony/misdemeanor, or pleaded guilty to a felony/misdemeanor, or been found guilty of a felony/misdemeanor? (Include any and all instances of these foregoing even if adjudication was withheld.)  Yes  No

Do you have any pending criminal charges:  Yes  No

If yes, provide details including dates: \_\_\_\_\_

**PLEASE NOTE: THE FACT THAT YOU ARE AWAITING TRIAL OR HAVE A CONVICTION RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION.**

### 3 SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_

Other Languages: (Please indicate if read, written or spoken.) \_\_\_\_\_

\_\_\_\_\_

**Drivers License** (only complete if required for position): Do you have a valid driver's license?  Yes  No

If yes, Driver's License #: \_\_\_\_\_ (Class: A B C D E) State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### 4 EDUCATION DATA

School	Print Name, Number and Street, City, State and Zip Code for Each School	No. of Yrs. Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus., Night or Correspondence				

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

### 5 REFERENCES three individuals, not relatives whom you have known at least one (1) year.

Name and Address	Telephone	Years Known

Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Hourly Rate/Salary		Telephone Number
	Starting	Final	
Work Performed			
Reason for Leaving			

Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Rate of Pay		Telephone Number
	Starting	Final	
Work Performed			
Reason for Leaving			

Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Rate of Pay		Telephone Number
	Starting	Final	
Work Performed			
Reason for Leaving			

Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Rate of Pay		Telephone Number
	Starting	Final	
Work Performed			
Reason for Leaving			

Please provide an explanation for any lapse of employment \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Do you currently have any physical limitations which would prevent you from performing your duties? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

## **APPLICANT'S STATEMENT, AUTHORIZATION, AND RELEASE**

By submitting this application or other documents, I agree to conform to the rules and regulations of the Company, including an Introductory Period (if applicable). I certify that the information provided in this Application for Employment is correct and complete. I authorize the investigation of this information and give permission for the Company, or their designated representatives to contact schools, previous employers, personal references and others to verify the data I have supplied. I release and indemnify the Company from any claims or liability resulting from such inquiry. In addition, I release the schools, my previous employers, and other individuals from all liability as a result of responding to such inquiries. I understand that my misrepresentation, omission of fact(s), or incomplete information may disqualify me for employment with the Company. In addition, if I am employed by the Company, any discovery of misrepresentation or omission of fact(s) on this Application for Employment following my employment may result in discipline up to and including termination.

I understand and agree as a condition of continued employment that I will be required to take a drug and/or alcohol test as part of any work related accident investigation.

I understand that employment with the Company is for no guaranteed period of time and may be terminated by myself, the Company with or without notice. I acknowledge that any promise, policies, business practices, procedures, or documents (including the Company's Employee Handbook) do not constitute an employment contract or modification of the at-will employment relationship between Company and myself.

- **Note:** Complete details of the Company's Drug Free Workplace Policy (if any) will be provided during the interview process.

### **THE COMPANY'S STATEMENT**

The Company complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions regarding your ability to perform job-related responsibilities. If the Company extends an offer of employment to you, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination or drug screening.

The Company is an equal employment opportunity employer. It is the policy of the Company to make employment decisions without regard to race, color, religion, sex, age, national origin disability, sexual orientation, marital status or any other protected category.

Applicants who are accepted for employment with the Company should understand that while every effort is made to provide continuous work, there are no employment contracts and the permanency of any position is not guaranteed.

### **FAIR CREDIT REPORTING ACT NOTIFICATION**

You are notified that in connection with your application for employment (including contract for services) and/or active employment with the Company, a consumer report and/or investigative report which may contain public record information may be requested and/or made on you. This report may include consumer credit, criminal records, driving records, education history, prior employer verification and other information for the purpose of considering you for employment, promotion, reassignment or retention with the Company.

These reports may include information regarding your career experience along with reasons for termination of past employment, information regarding your character, reputation, personal characteristics and/or mode of living and will be obtained from public or private record sources or through personal interviews. Information may also be requested from various Federal, State, local or other agencies.

Before a consumer and/or investigative report is requested, you will be asked to complete a Disclosure and Consent Form. You will be provided the name and address of the consumer-reporting agency to which the request for information is being made. You will have the right to a complete disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.

### **EMPLOYEE SIGNATURE:**

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