

APPLICATION FOR EMPLOYMENT

The Company, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital or veteran status, or physical or mental disability. The Company is also required by law, due to its contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise qualified disabled veterans, Vietnam era and disabled veterans.

PERSONAL INFORMATION

Name _____ Date Applied _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Home Telephone (_____) _____ Social Security _____

Work Telephone(_____) _____ May we contact you at this number Yes No

GENERAL INFORMATION

Position(s) applied for _____ Pay expected \$ _____

Referred by: Newspaper Ad Friends Relative
 Employment Agency Other (explain) _____

Have you filed an application here before? Yes No If yes when _____

Have you been employed here before? Yes No If yes when _____

Are you employed now? Yes No May we contact your current employer?
 Yes No

When can you be available for work? _____

Work schedule preferred: Full Time Part Time Temporary

Can you work overtime?: _____

Are you on a layoff and subject to recall? Yes No If yes, from _____

List names of relatives in our employment: _____

List names of friends in our employment: _____

Give name, address and telephone number of three references who are not related to you and are not previous employers:

NAME ADDRESS PHONE NUMBER

NAME ADDRESS PHONE NUMBER

NAME ADDRESS PHONE NUMBER

OTHER INFORMATION

Do you have the ability to perform all essential job functions of the position(s) for which you are applying with or without accommodations? Yes No If no, please explain: _____

If an accommodation is needed, please explain how you would perform the tasks, and what accommodation you require.

In case of emergency, who should the Company contact on your behalf?

NAME	ADDRESS	AREA CODE / TELEPHONE NO.
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Can you verify that you are at least 18 years of age? Yes No

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

EDUCATION / TRAINING

School	Name / Location	Course of Study	No. Years Completed	Diploma or Degree
High School				
College				
Other				

Please describe any other academic achievements, honors, licenses, certification or training:

EMPLOYMENT EXPERIENCE

Start with your present job. Include military assignments and self-employment.

Employer	Date Employed		
	From	To	
Address			Work Performed
Job Title	Hourly Rate / Salary		
	Starting	Final	
Supervisor			
Reason for leaving			

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List periods of unemployment _____

Please summarize special skills, expertise or qualifications acquired from employment, other experience, or state any other additional information you feel may be helpful in considering your application:

**AGREEMENT AND AUTHORIZATION
(READ CAREFULLY BEFORE SIGNING)**

In signing and submitting this application for employment to _____ I clearly understand and agree:

- (1) I certify that the information contained in this application is correct and complete to the best of my knowledge and understand that omission, misrepresentation or falsification of information is grounds for refusal to employ me or my dismissal if I am employed;
- (2) I authorize my references, schools, and current and past employers to give the Company any and all information concerning my previous employment and any information they may have, personal or otherwise, and release all parties from all liability for any damage or claim that may result from furnishing the same to the Company;
- (3) I agree to submit to any alcohol or drug screen or other tests as warranted by circumstances at the discretion of the Company;
- (4) If I am employed and I should fail to return any tools which I may check out, I hereby authorize the Company to deduct from my pay due me, at the time, the value of such tools. I also agree to furnish the personal tools customarily required for my job;
- (5) If accepted for employment, I understand such acceptance may be contingent on my passing a medical examination and for the purposes of a medical examination, I authorize any doctor with whom I have consulted previously in a physician-patient relationship to release and convey any information relative to such a consultation or treatment;
- (6) If I am employed, I agree to abide by the rules, regulations and policies of the Company, and understand my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself;
- (7) I understand that no representative of the Company, other than the President of the Company, has any authority to enter into any contractual agreement for employment for any specified period of time, or make any agreement contrary to the foregoing.

DATE

SIGNATURE OF APPLICANT

PERSONNEL DEPARTMENT USE ONLY

Interviewed

Yes No

By _____ / _____
HUMAN RESOURCES DATE

By _____ / _____
MANAGER DATE

Position(s) applied for open Yes No

Position(s) considered for: _____

Employment Date _____ Hourly / Salary Rate _____ Supervisor _____

Job Title _____ Department _____ Subsidiary _____