Application for Employment

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| We accept applicants for all positions without regard to race, color, sex, religion, age, disability, or any other legally protected status. |

(Please print and use blue or black ink.)

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| Position(s) applied for: | Date of Application: |

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| --- | --- | --- |
| Last Name: | First Name: | Middle Name: |

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| --- | --- |
| Address Street City State Zip Code | |
| Telephone Number(s): | Social Security: |

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No Not Applicable

May we contact your present employer? No Yes If so, whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Availability : Full Time Part Time Shift Work Temporary

Hourly/Salary desired: \_\_\_\_\_\_\_\_\_\_\_\_\_

Can you travel if the job requires it? Yes No





Do you have any commitments to another entity, business, or a person that might affect your ability to perform functions, and to meet the attendance requirements, of the position for which you are applying, or that might affect your employment with our company? Yes No

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Explain fully: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you take any illegal or non prescribed drugs? Yes No

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Describe fully: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you use alcohol to the extent that it would impair your job performance? Yes No

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Describe fully: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Would you consent to a drug test after a job offer? Yes No

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Do you have any visible tattoos or body piercings? Yes No

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Are you willing to cover your tattoos and cover or remove your body piercings? Yes No

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* 

**Employment Experience**

Please list employment you have had during the past 3 years. Start with your *present* or *last* job. Include any job-related military service assignments and volunteer activities. Please fill out *completely*.

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| --- | --- | --- | --- | --- | --- |
| Employer: | | Dates Employed  From To  month/year month /year | | | Work Performed |
| Address: | |  |  | |  |
| Telephone Number(s): | | Hourly Rate/ Salary  Starting Final | | |  |
| Job Title: | Supervisor/May we contact? Yes No |  | |  |  |
| Reason For Leaving: | | Was termination voluntary or involuntary? | | | |

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| --- | --- | --- | --- | --- | --- |
| Employer: | | Dates Employed  From To  month/year month /year | | | Work Performed |
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| Telephone Number(s): | | Hourly Rate/ Salary  Starting Final | | |  |
| Job Title: | Supervisor/May we contact? Yes No |  | |  |  |
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| Employer: | | Dates Employed  From To  month/year month /year | | | Work Performed |
| Address: | |  |  | |  |
| Telephone Number(s): | | Hourly Rate/ Salary  Starting Final | | |  |
| Job Title: | Supervisor/May we contact? Yes No |  | |  |  |
| Reason For Leaving: | | Was termination voluntary or involuntary? | | | |

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| --- | --- | --- | --- | --- | --- |
| Employer: | | Dates Employed  From To  month/year month /year | | | Work Performed |
| Address: | |  |  | |  |
| Telephone Number(s): | | Hourly Rate/ Salary  Starting Final | | |  |
| Job Title: | Supervisor/May we contact? Yes No |  | |  |  |
| Reason For Leaving: | | Was termination voluntary or involuntary? | | | |

**Additional Information**

References: Give the name of three (3) persons not related to you whom you have known at least one year.

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| --- | --- | --- |
| 1. Name: | Phone: | Years Acquainted: |
| Address: | | |
| 2. Name: | Phone: | Years Acquainted: |
| Address: | | |
| 3. Name: | Phone: | Years Acquainted: |
| Address: | | |

Specialized Skills Check skills/Equipment Operated

|  |  |
| --- | --- |
| * Typewriter * PC * Calculator * Fax | * Word Processor * Spreadsheet * Excel * Other: \_\_\_\_\_\_\_\_\_\_\_\_ |

Please state any other additional information that you feel may be helpful to us in considering your application.

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**Applicant’s Statement**

“I declare under penalty of perjury that the facts contained in this application or any resume or other documentations submitted are true and complete to the best of my knowledge. I understand that any false information will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.”

\_\_\_\_\_\_\_\_ INITIALS

“I agree to immediately notify the company if I should be convicted of any crime while my job application is pending or during my period of employment, if hired, and to immediately notify the company of an arrest for which I am out on bail or on m own recognizance pending trial.”

\_\_\_\_\_\_\_\_ INITIALS

“I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I further authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise.”

\_\_\_\_\_\_\_\_ INITIALS

“I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide the company with relevant information and opinion that may be useful in making a hiring decision. I release all parties form all liability for any damage that may result from furnishing information and opinion (which is truthful or made in good faith) to you.”

\_\_\_\_\_\_\_\_ INITIALS

“I give permission for a complete pre-employment physical and mental examination if the company makes a conditional job offer. I also consent to the appropriate release of any and all medical information, as may be deemed necessary.”

\_\_\_\_\_\_\_\_ INITIALS

“I understand that, if hired, I may not hold other employment, nor engage in other activities that create a conflict of interest with my position with the company unless given permission in writing by the company.”

\_\_\_\_\_\_\_\_ INITIALS

“If I become employed, in consideration of my employment, I agree to conform to the rules and regulations of the company. Only the CEO of the company has the authority to enter into an employment agreement for a specified period of time or for termination only for cause. Any such agreement must be in writing and signed by me and the CEO. I acknowledge that this forms the entire agreement between me and the company regarding the term of my employment and surpasses any other oral or written agreement.”

\_\_\_\_\_\_\_\_ INITIALS

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Signature of Applicant Date

APPLICANTS DO NOT WRITE BELOW THIS LINE.

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| --- | --- | --- | --- | --- |
| Vice President, please complete the information below: | | | | |
| Job Offer:  Yes No | Future Positions?  Yes No | | Status:  Full Time Part  Seasonal On-Call |
| Department: | | Position Offered: | |