

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT - PLEASE PRINT

Date Last Name First Name Middle Initial

Present Address:

Number/Street Name City State Zip -

Permanent Address *(if different from present address)*

Number/Street Name City State Zip -

Contact Phone Numbers:

(____) _____ - _____ (____) _____ - _____
Home Phone Cell Phone

Employment Desired:

Position/Company Name applying for: _____

Are you applying for:

Regular full-time work?	Yes	No
Regular part-time work?	Yes	No
Temporary work, e.g., summer or holiday work?	Yes	No

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____

Personal Information:

Have you ever applied to or worked for us before? Yes No

If yes, when? _____

Do you have any friends or relatives working for us? Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed:

(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you currently employed? Yes No
If so, may we contact your current employer? Yes No

Education, Training, and Experience:

School	Name and City	# of Years	Degree or Diploma	
High School	_____ Name _____ Address _____ City State Zip	____	Yes	No
College/ University	_____ Name _____ Address _____ City State Zip	____	Yes	No
Vocational/ Business	_____ Name _____ Address _____ City State Zip	____	Yes	No

Many of our customers (clients) do not speak English. Do you speak, write, or understand any foreign languages? Yes No
If yes, which language(s)? _____

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at our company? Yes No

If so, please explain:

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes No
Name of license/certification: _____ Issuing state: ____
License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No
If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

Employment History:

List below all present and past employment starting with your most recent employer (last ten years is sufficient): Account for all periods of unemployment. You must complete this section even if attaching a resume:

Name of Employer (**Most Current**) Type of Business (____) ____ - ____
Telephone #

Number/Street Name City State Zip - ____

Your Supervisor's Name Dates of Employment

Your Position and Duties: _____

Reason for Leaving: _____

If presently employed, may we contact this employer for a reference? Yes No

Name of Employer (**#2**) Type of Business (____) ____ - ____
Telephone #

Number/Street Name City State Zip - ____

Your Supervisor's Name Dates of Employment

Your Position and Duties: _____

Reason for Leaving: _____

If presently employed, may we contact this employer for a reference? Yes No

Name of Employer (#3) Type of Business Telephone # (____) ____ - ____

Number/Street Name City State Zip - ____

Your Supervisor's Name Dates of Employment - ____

Your Position and Duties: _____

Reason for Leaving: _____

If presently employed, may we contact this employer for a reference? Yes No

Name of Employer (#4) Type of Business Telephone # (____) ____ - ____

Number/Street Name City State Zip - ____

Your Supervisor's Name Dates of Employment - ____

Your Position and Duties: _____

Reason for Leaving: _____

If presently employed, may we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

Military Service:

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe:

Please Read Carefully, Initial Each Paragraph, and Sign Below:

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize this company to thoroughly investigate my references, work record, education, and other matters i.e. a thorough criminal background check related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and a company designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by this company, I am entitled to copies of any such public records obtained by them unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

_____ **Date**

_____ **Applicant's Signature**