

# EMPLOYMENT APPLICATION

Hire Date _____	Position _____
Rate of Pay _____	Approved by _____

Position(s) applied for _____	Date of Application _____
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NAME \_\_\_\_\_  
First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Physical address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE(\_\_\_\_\_) \_\_\_\_\_ LAST 4 DIGITS OF SSN \_\_\_\_\_

Email address \_\_\_\_\_ Are you at least 16 years of age?  Yes  No

Are you currently employed?  Yes  No Are you currently on lay-off and subject to recall?  Yes  No

I am a United States Citizen or otherwise authorized to work in the United States on an unrestricted basis?  Yes  No

Whom may we thank for your employment referral? \_\_\_\_\_

Do you have any friends or relatives working here? If yes, who \_\_\_\_\_

Date available for work \_\_\_\_\_ Desired wage \$ \_\_\_\_\_

Are you available to work...  Full-time  Part-time  1st shift  2nd shift  3rd shift  Swing shift  Seasonal

Check days you are available  Mon  Tues  Wed  Thurs  Fri  Sat  Sun  Weekends  Holidays

Are there any dates/times you are unable to work?  Yes  No please explain \_\_\_\_\_

Have you ever been charged with a crime?  Yes  No please explain \_\_\_\_\_

**EDUCATION**

School Name & Location	Degree/Certificate
High School _____	_____
College/Trade _____	_____

Highest level of education completed (circle) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

**OTHER QUALIFICATIONS**  
Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE** – Start with your present or last job.

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates employed (from) \_\_\_\_\_ (to) \_\_\_\_\_ Pay rate (start) \_\_\_\_\_ (end) \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates employed (from) \_\_\_\_\_ (to) \_\_\_\_\_ Pay rate (start) \_\_\_\_\_ (end) \_\_\_\_\_

**PERSONAL REFERENCES** - Please list two individuals, **not related to you**, whom you have known for at least one year.

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Years Known \_\_\_\_\_

**WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER OPERATING IN A DRUG & SMOKE FREE WORKPLACE.**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status. In order to provide a safe, healthy and productive working environment, we are proud to maintain a drug free, tobacco-free and smoke-free workplace for all employees. We will not hire nor retain persons who use illegal substances and/or abuse alcohol or legal drugs. We retain and exercise the right to screen from employment all such individuals. By signing below, I agree and consent to any and all pre-employment and/or post-employment testing for such.

**APPLICANT'S STATEMENT**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be considered sufficient cause for my dismissal.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release the listed references and all employers to provide you with any and all applicable information they may have.

This application for employment shall be considered active for a period of time not to exceed 45 days.

I understand and agree that, if hired, my employment is **AT-WILL**. **THIS MEANS THAT, IF HIRED, EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.**

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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