

# EMPLOYMENT APPLICATION

## INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please thoroughly read all statements contained in this Application form.
2. Complete all pages of this form completely and accurately.
3. Print clearly. Incomplete or illegible applications will not be processed.
4. Do not fill out any other attached forms unless and until instructed.

## APPLICANT INFORMATION

Today's Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. This application applies only to the position specified. It is considered inactive after 90 days. If at any time after this point you wish to be considered for employment with this company, another application will have to be completed.

## EEO STATEMENT

We are an Equal Employment Opportunity employer, and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, citizenship, age, disability, sex, military service, genetic testing, marital status, sexual orientation, status with respect to public assistance, or any other characteristic protected by Local, State or Federal law.

**AVAILABILITY**

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

Are you under the age of 18, and can you provide proof of eligibility to work? ☐ Yes ☐ No

On what date can you start? \_\_\_\_\_

What job category would you prefer? ☐ Full-time ☐ Part-time ☐ Temporary ☐ On Call/Casual

For what schedules would you be available? ☐ Weekdays ☐ Weekends ☐ Days

☐ Evenings ☐ Overtime ☐ All Shifts ☐ Other \_\_\_\_\_

**EDUCATION**

Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	DEGREE EARNED
High School		
College		
Other		

**JOB-RELATED SKILLS**

Have you received a job description or had the requirements of the job explained to you? ☐ Yes ☐ No

Do you understand these requirements? ☐ Yes ☐ No

Can you perform the requirements of this job with or without reasonable accommodation? ☐ Yes ☐ No

If the job requires you to drive, do you have the appropriate valid driver's license? ☐ Yes ☐ No

DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

Please list any other skills, licenses or certificates that may be **job-related** or that you feel would be of value to this job or our organization. \_\_\_\_\_

**EMPLOYMENT HISTORY**

Your application may not be considered unless every question is answered. Since we may contact previous employers, correct telephone numbers are essential.

	Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
MOST RECENT EMPLOYER	Company Name		City	State ( ) Phone Number
	From (month/yr) To (month/yr)		Supervisor's Name/Number	
	Dates Employed			
	Job Title		\$ Pay	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually
	Duties			
	Reasons for Leaving			
SECOND MOST RECENT EMPLOYER	Company Name		City	State ( ) Phone Number
	From (month/yr) To (month/yr)		Supervisor's Name/Number	
	Dates Employed			
	Job Title		\$ Pay	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually
	Duties			
	Reasons for Leaving			
THIRD MOST RECENT EMPLOYER	Company Name		City	State ( ) Phone Number
	From (month/yr) To (month/yr)		Supervisor's Name/Number	
	Dates Employed			
	Job Title		\$ Pay	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually
	Duties			
	Reasons for Leaving			

## REFERENCES

Include only individuals familiar with your work capabilities. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

## CERTIFICATION

I certify the answers given by me to the foregoing questions and any statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts regarding information called for in this application may result in rejection of my application, or discharge at any time during my employment. I also agree that, if company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that if I am hired, my employment shall be "at-will," and that either the Company or I can choose to terminate the employment relationship for any reason, or no reason at all, with or without notice.

## AUTHORIZATION

I understand that background, drug, or medical testing may be conducted on me as part of the process to determine my fitness for employment, and hereby agree to submit to such testing. I authorize all persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities to release any information concerning my background or test results, and hereby release any said persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Applicant's Full Name (*please print*) \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_