

**APPLICATION FOR EMPLOYMENT**

(PLEASE PRINT) Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Employment Agency

Walk In  Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Number Street City State Zip

Telephone(\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

If employed and under 18, can you furnish a work permit?  Yes  No

Have you filed an application here before? If yes, give date \_\_\_\_\_  Yes  No

Have you ever been employed here before? If yes, give date \_\_\_\_\_  Yes  No

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

Are you a U.S. citizen or can you establish that you are an authorized worker?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full time  Part Time  Special Assignment

Are you on layoff and subject to recall?  Yes  No

Have you ever been convicted of, or pled guilty or nolo contendere to any crime (other than a minor traffic violation)?  Yes  No

If yes, please explain (Note that conviction of a crime will not necessarily disqualify an applicant – the nature of the crime and when the conviction occurred will be considered) \_\_\_\_\_

**NOTE:** You are NOT obligated to disclose sealed or expunged records of conviction or arrest. Approximate rate of pay expected: \_\_\_\_\_

Do you have the physical ability to perform all essential duties of the job(s) for which you are applying?  Yes  No

If no, please explain

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Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability?

 Yes No

If yes, please indicate

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**EMPLOYMENT EXPERIENCE**

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin.)

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

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**EDUCATION**

	ELEMENTARY	HIGH	COLLEGE/ UNIVERSITY	GRADUATE PROFESSIONAL
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				
Honors Received:				

State any additional information you feel may be helpful to us in considering your employment:

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Summarize special skills and qualifications acquired from employment or other experience.

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## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

_____ EMPLOYER _____ ADDRESS _____ PHONE _____ JOB TITLE _____ SUPERVISOR _____ REASON FOR LEAVING	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Dates Employed</td> </tr> <tr> <td style="width: 50%;">From</td> <td style="width: 50%;">To</td> </tr> <tr> <td colspan="2">Hourly Rate/ Salary</td> </tr> <tr> <td>Starting</td> <td>Final</td> </tr> </table>	Dates Employed		From	To	Hourly Rate/ Salary		Starting	Final	Work Performed _____ _____ _____ _____
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If you need additional space, please continue on a separate sheet of paper.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital veteran status, or the presence of a disability or handicap.

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 or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give to you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the Company and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Company or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management, other than the President (or ranking officer), has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept change of job or shift depending on my demonstrated skills after employment and the needs of the Company. I consent to take any physical or medical examinations, including blood and urine tests for alcohol and drugs, requested by the Company in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Company during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the Company will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the Company and is exclusively the Company's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Company.

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Position Considered \_\_\_\_\_

Interviewed By \_\_\_\_\_

Date \_\_\_\_\_

Accepted for Employment \_\_\_\_\_

Comments \_\_\_\_\_

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