

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer and we comply with applicable federal, state and local laws and ordinances which prohibit discrimination against qualified applicants and employees.

Position Applied For: _____ Date of Application: _____

How did you learn about us? Advertisement Employment Agency Friend Walk-In
 Employee Referral Relative Other: _____

Personal Information

Name: _____
Last First MI Maiden

Have you ever used another name for work, business or school? No Yes If yes, please list below:

Current Address: _____
Street

_____ City State Zip County:

How Long? Years: _____ Months: _____ Phone/Cell: _____

Email: _____ Work: _____

Are you at least 18 years of age? No Yes

Have you filed an application with us before? No Yes Date: _____

Have you ever been employed with us before? No Yes Date: _____

Are you available to work: Full-Time Part-Time Overtime Weekends Seasonal/Temp

Are there hours or days that you cannot work? No Yes Explain below:

Can you travel if the job requires it? No Yes How Often? _____

Do you currently use illegal drugs (for example: marijuana, cocaine, heroin, crack, speed, LSD)? No Yes

Will you agree to be tested for current illegal use of drugs? No Yes

Have you ever been convicted, pled guilty or received court-ordered community service, deferred adjudication, probation or pre-trial diversion for any crime (misdemeanors and felonies): No Yes
You may be asked to verify any criminal record.

If yes, please list all misdemeanors and felonies (other than parking tickets and minor driving violations) for which you have been convicted, pled guilty or received court-ordered community service, deferred adjudication, probation or pre-trial diversion:

Personal Information Continued

Year	Location	Type of Crime
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Conviction of a crime does not automatically prohibit consideration for employment)

Have you served in the United States military? No Yes If yes, list dates of service: _____

Highest rank held: _____ Rank at discharge: _____

Prior Addresses

Please list the addresses at which you have lived during the past 7 years not including your current address:

I have not moved within the past 7 years

Address 1: _____

_____	_____	_____	_____	_____	_____	_____
Street	City	State	Zip	County:	From:	To:

Address 2: _____

_____	_____	_____	_____	_____	_____	_____
Street	City	State	Zip	County:	From:	To:

Address 3: _____

_____	_____	_____	_____	_____	_____	_____
Street	City	State	Zip	County:	From:	To:

Address 4: _____

_____	_____	_____	_____	_____	_____	_____
Street	City	State	Zip	County:	From:	To:

Driving Record

Please answer the following questions if the position you are applying for requires driving a motor vehicle: Do you have a valid Driver's License? Yes No

State of Issue: _____ Driver's License Number: _____ Expiration Date: _____

Please list any restrictions or endorsements on your license: _____

Have you been convicted of or pled guilty to any traffic related offense within the past five years?

Yes No If yes, list all traffic violations: _____

Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? Yes No

Please list all states from which you hold or have held a driver's license: _____

Education

Name of School:

Did you graduate?

Degree(s) received/Subjects Studied

High School: _____

Yes No

Address / Location: _____

College: _____

Yes No

Address / Location: _____

Trade / Vocational School: _____

Yes No

Honors/Awards Received: _____

Please list languages you are fluent in:

Speak Read Write

Speak Read Write

Speak Read Write

Describe any specialized training, apprenticeship, skills and activities which would assist in considering you for employment: _____

Licenses and Certifications

Do you have any professional or vocational licenses (real estates, plumbing, electrician, air conditioning, pest control applicator etc.) or certification (such as CAM, CAMT, CAPS, NALP or CPM) that relates to the job for which you are applying? No Yes If yes, please describe below:

License or Certification

Issued by what organization, state agency?

Date Issued

License Number (if applicable)

Have you ever had a license or certification revoked, suspended or curtailed?

Does not Apply

No

Yes If yes, please explain: _____

Employment Experience

Provide all employment information for the past 10 years, or 5 employers, whichever is greater.

Are you currently employed? Yes No May we contact your current employer at this time? _____
 Yes No If no, please explain: _____

(Permission to contact your employer for a reference check will be required before hiring)

Have you ever been terminated from employment or asked to resign by any employer? No Yes If yes, please explain: _____

Employer 1: _____ From: _____ To: _____ Job Title: _____

Address: _____ Phone: _____ Supervisor's Name & Title: _____

Duties: _____

Reason for Leaving: Resigned with Notice Quit without Notice Involuntary
 Termination Lay-Off Other: _____

Employer 2: _____ From: _____ To: _____ Job Title: _____

Address: _____ Phone: _____ Supervisor's Name & Title: _____

Duties: _____

Reason for Leaving: Resigned with Notice Quit without Notice Involuntary
 Termination Lay-Off Other: _____

Employer 3: _____ From: _____ To: _____ Job Title: _____

Address: _____ Phone: _____ Supervisor's Name & Title: _____

Duties: _____

Reason for Leaving: Resigned with Notice Quit without Notice Involuntary
 Termination Lay-Off Other: _____

Employer 4: _____ From: _____ To: _____ Job Title: _____

Address: _____ Phone: _____ Supervisor's Name & Title: _____

Duties: _____

Reason for Leaving: Resigned with Notice Quit without Notice Involuntary
 Termination Lay-Off Other: _____

Employer 5: _____ From: _____ To: _____ Job Title: _____

Address: _____ Phone: _____ Supervisor's Name & Title: _____

Duties: _____

Reason for Leaving: Resigned with Notice Quit without Notice Involuntary
 Termination Lay-Off Other: _____

References

Please explain all periods of unemployment between the above jobs: _____

Please explain all periods of unemployment between the above jobs:

Have you ever been terminated from employment or asked to resign by any employer? No Yes

If yes, please explain: _____

References

Please list professional or academic references only.

Name 1: _____ Phone Number: _____ Company: _____

Address: _____

Name 2: _____ Phone Number: _____ Company: _____

Address: _____

Name 3: _____ Phone Number: _____ Company: _____

Address: _____

Name 4: _____ Phone Number: _____ Company: _____

Address: _____

Additional Information

Other Qualifications – Summarize special job-related skills and qualifications acquired from employment or other experience. Specialized Skills – Check-mark and list any skills or equipment operated:

Computer Copy Machine Fax Machine Word Processing Software Spreadsheet Software

Additional Skills/Equipment Operated: _____

Emergency Contact – In case of emergency contact:

Name: _____ Phone: _____ Relation: _____

Note to applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing the activities involved in the job or occupation of which you have applied with or without a reasonable accommodation? Yes No

Applicant Authorization

I give the employer and authorized representatives the right to make a thorough investigation of any of the information I have provided and to perform reference/background checks. These investigations may involve contact with my family, current and former business associates and neighbors, as well as public authorities and others with whom I am acquainted.

Any conditional offer of employment may require that I undergo and pass a physical examination and/or substance abuse evaluation provided at the employer's expense, by a physician or approved by the employer. I understand that if I refuse to be tested, or if the drug test results are positive for the use of illegal drugs, I will not be considered for employment.

I understand that the employer may request that I take job-related written and skill tests (if applicable) for the job for which I am applying. I understand that if I refuse to be tested I will not be considered for employment.

I authorize all current and former employers, educational institutions and military authorities, whether or not listed on the application, to furnish the employer with complete information concerning my employment, academic transcripts, and service records. The information requested may include inquiries regarding my work habits, other related activities, abilities, character and the cause of my separation.

I release each of the above references and the employer and authorized representatives from any liability for damages that may result from the furnishing of or the use of any of this information.

I understand that, should the employer employ me, my employment is "at will". Employment at will means that I may resign my employment at any time, with or without reason or cause and that I may be terminated at any time by the employer, with or without reason or cause, with or without prior notice. The employer will not be liable for any wages, salary, or other benefits other than those earned prior to the termination of my employment. No written or oral offer of employment, or other benefits related to employment will be viewed as establishing an employment contract.

If employed, I will abide by the employer's current and continually modified policies, procedures and/or rules. I understand that the employer requires reliable attendance and job performance, I understand that the employer may require that I work various shifts and/or schedules. I understand that any employment is subject to a change in conditions, wages, benefits and company policies.

I understand that if the employer extends a conditional offer of employment, I may be asked to sign the following authorizations and/or documents:

- Authorization for Medical Exam
- Authorization to Test for the Current Use of Illegal Drugs
- Authorization to Obtain Consumer Reports (as required by the federal Fair Credit Act)
- Driver's License or other identification
- Federal 1-9 Form including verification of right to work

I certify that all statements contained in this application (including attachments, if any) are true, correct and complete. If the employer, during its investigation of my application, or later if I am employed, discovers that statements have been omitted or are false, incomplete or misleading, I understand that I may receive no further consideration for employment and that this will result in grounds for dismissal.

I understand that completion of this application does not mean that I have been offered employment or an employment contract.

Applicant Signature

Social Security Number

Driver's License Number
(or other identification)

State Issuing Driver's License
(or other identification)