

# 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(s) Applied For: _____	Date of Application: _____
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employee Referral <input type="checkbox"/> Relative <input type="checkbox"/> Website <input type="checkbox"/> Other: _____	

## Personal Information

Name: \_\_\_\_\_  
Last First MI Maiden

Have you ever used another name for work, business or school?  No  Yes If yes, please explain below  
\_\_\_\_\_

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

County: \_\_\_\_\_ How Long? \_\_\_\_\_ Years \_\_\_\_\_ Months

Current Phone: \_\_\_\_\_  
Home/Cell Work

Are you at least 18 years of age?  No  Yes Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

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

Can you relocate if the job requires it?  No  Yes Preference: \_\_\_\_\_

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:

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address 5: \_\_\_\_\_  
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 or subject(s) studied
High School: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Address / Location: _____			
College: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Address / Location: _____			
Trade / Vocational School: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Address / Location: _____			
Honors/Awards Received: _____			
<b>Please list languages you are fluent in:</b>			
	<b>Speak</b>	<b>Read</b>	<b>Write</b>
_____ English _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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, city/state agency?	Date Issued (if applicable)	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)*

Employer 1: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Job Title: _____	<b>Starting Rate/Salary</b>	<b>Final Rate/Salary</b>

Duties: \_\_\_\_\_

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

Employer 2: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Job Title: _____	<b>Starting Rate/Salary</b>	<b>Final Rate/Salary</b>

Duties: \_\_\_\_\_

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

Employer 3: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Job Title: _____	<b>Starting Rate/Salary</b>	<b>Final Rate/Salary</b>

Duties: \_\_\_\_\_

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

## Employment Experience (continued)

Employer 4: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

	Starting Rate/Salary	Final Rate/Salary
Job Title: _____		

Duties: \_\_\_\_\_

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

Employer 5: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

	Starting Rate/Salary	Final Rate/Salary
Job Title: _____		

Duties: \_\_\_\_\_

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

Employer 6: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

	Starting Rate/Salary	Final Rate/Salary
Job Title: _____		

Duties: \_\_\_\_\_

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

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 do not list acquaintances of less than 2 years or relatives**

Name 1: _____	Phone Number: _____
Address: _____	<input type="checkbox"/> Professional <input type="checkbox"/> Personal
Name 2: _____	Phone Number: _____
Address: _____	<input type="checkbox"/> Professional <input type="checkbox"/> Personal
Name 3: _____	Phone Number: _____
Address: _____	<input type="checkbox"/> Professional <input type="checkbox"/> Personal
Name 4: _____	Phone Number: _____
Address: _____	<input type="checkbox"/> Professional <input type="checkbox"/> Personal

**Please list all landlords in previous 24 months, starting with most recent:**

Landlord 1: _____	City: _____	Phone : _____
Landlord 2: _____	City: _____	Phone : _____
Landlord 3: _____	City: _____	Phone : _____

## Additional Information

**Other Qualifications** – Summarize special job-related skills and qualifications acquired from employment or other experience:

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**Specialized Skills** – Check-mark and list any skills or equipment operated:

- Computer     Copy Machine     Typewriter     Fax Machine  
 Email Software     Spreadsheet Software     Word Processing Software

Additional Skills/Equipment Operated:

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**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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Driver's License Number (or other identification)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
State Issuing Driver's License (or other identification)