

APPLICATION FOR EMPLOYMENT

We appreciate your interest in our organization and assure you we are sincerely interested in your qualifications. A Clear Understanding of your background and work history will help us evaluate your qualifications for employment.

PERSONAL

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER	TODAY'S DATE
CURRENT ADDRESS		CITY	STATE	ZIP
			TELEPHONE NUMBER	
ARE YOU LESS THAN 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HIRED, CAN YOU PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER NAMES UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED:	
NAMES OF FRIENDS OR RELATIVES EMPLOYED BY OUR COMPANY:		HAVE YOU EVER APPLIED FOR A POSITION WITH OUR COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE AND POSITION APPLIED FOR:		
HAVE YOU EVER BEEN EMPLOYED BY OUR COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE DATES OF EMPLOYMENT:		ARE YOU WILLING TO WORK OVERTIME OR A FLEXIBLE SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YOU ARE APPLYING FOR AN ON-SITE POSITION. WILL THERE BE ANY ANIMALS (DOGS, CATS, ETC.) LIVING IN YOUR APARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? YES NO N/A	IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES:		CURRENT EMAIL:	
IN CASE OF EMERGENCY, NOTIFY:				
NAME:		ADDRESS:		PHONE #:

EMPLOYMENT INTERESTS

POSITION DESIRED OR AREA OF INTEREST:	SECOND CHOICE	DATE AVAILABLE TO START	DO YOU HAVE RELIABLE TRANSPORTATION? YES NO
TYPE OF EMPLOYMENT YOU ARE SEEKING: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER		SHIFTS YOU CAN WORK: <input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> NIGHT	
HOW DID YOU HEAR ABOUT US? <input type="checkbox"/> CRAIGSLIST <input type="checkbox"/> CAREERBUILDER.COM <input type="checkbox"/> INTERNET - OTHER <input type="checkbox"/> SCHOOL <input type="checkbox"/> BANNER <input type="checkbox"/> EMPLOYEE REFFERAL <input type="checkbox"/> INDEED.COM <input type="checkbox"/> OTHER			NAME OF REFFERAL SOURCE:

EDUCATION / U.S. MILITARY SERVICE

SCHOOL OR INSTITUTION	NAME AND ADDRESS OF SCHOOL	MAJOR	UNITS COMPLETED AND G.P.A	DEGREE, DIPLOMA, LICENSE OR CERTIFICATE
HIGH SCHOOL				
COLLEGE				
COLLEGE				
OTHER				
HONORS OR AWARDS RECEIVED:		PROFESSIONAL CERTIFICATES OR LICENSES:	ARE YOU PRESENTLY TAKING ANY EDUCATIONAL COURSES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT AND WHERE?	

PRESENT COMMUNITY AND PROFESSIONAL AFFILIATIONS, OFFICES HELD:

(EXCLUDE AFFILIATIONS WHICH MAY INDICATE RACE, COLOR, ANCESTRY, SEX, DISABILITY, RELIGION, AGE, NATIONAL ORIGIN OR ANY OTHER CLASSIFICATION PROTECTED BY LAW)

U.S. MILITARY DUTIES AND SPECIAL TRAINING WHICH YOU BELIEVE ARE RELEVANT TO THE POSITION(S) DESIRED:

REFERENCES

LIST PEOPLE WE MAY CONTACT WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES (DO NOT INCLUDE RELATIVES)

NAME	ADDRESS	CITY	STATE	ZIP	PHONE #	OCCUPATION	YEARS KNOWN

EMPLOYMENT HISTORY

GIVE EMPLOYEE RECORD AS COMPLETELY AS POSSIBLE. LIST CURRENT AND MOST RECENT EMPLOYER FIRST. SHOW UNEMPLOYED OR SELF-EMPLOYED PERIODS AND INDICATE DATES AND COMMENTS OF EACH PERIOD. INCLUDE PART-TIME OR SUMMER WORK. YOU MAY USE EXTRA SHEETS FOR ADDITIONAL INFORMATION.

COMPANY NAME (MOST CURRENT OR LAST)	ADDRESS	TELEPHONE NUMBER	DATES EMPLOYED (MO/YR) FROM: TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	
JOB DUTIES AND RESPONSIBILITIES:		REASON FOR LEAVING?	
		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME (MOST CURRENT OR LAST)	ADDRESS	TELEPHONE NUMBER	DATES EMPLOYED (MO/YR) FROM: TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	
JOB DUTIES AND RESPONSIBILITIES:		REASON FOR LEAVING?	
		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME (MOST CURRENT OR LAST)	ADDRESS	TELEPHONE NUMBER	DATES EMPLOYED (MO/YR) FROM: TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	
JOB DUTIES AND RESPONSIBILITIES:		REASON FOR LEAVING?	
		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

ACKNOWLEDGEMENT

1. I understand that prior to finalization of any offer of employment regarding certain job positions, the company may condition the offer of employment on satisfactory completion of a medical examination and/or a drug and alcohol screen. I agree to sign a release of medical information authorization form and to submit to a medical examination and/or drug and alcohol screen should the employer condition my offer of employment upon successful completion of such an examination or screening.
2. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job offer extended to me will be withdrawn and if employed, I may be subject to immediate dismissal.
3. I authorize my employer to make any investigation allowed by law which my employer deems necessary for employment consideration and promotion within the company.
4. I understand that this employment application and any offer of employment are not to be construed as a guarantee of employment for a specific time. I further understand that my employment with the company does not constitute any form of contract, implied or expressed and such employment will be terminable at will for any reason either by myself or my employer upon notice of one party to the other. This at will aspect of my employment cannot be changed, waived or modified except by any express provision in an individual written employment contract signed by me and the employer's President.
5. Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary or generally undisclosed nature related to my employer, or its products, customers, employees, plans or procedures. I agree to deliver to my employer any and all copies of confidential information or leave the Company property upon termination of the employment relationship or at any time upon my employer's request. I also agree not to solicit employees of my employer either during or for one year after employment to leave this employer and commence work with another company.
6. I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above supersede and replace any prior understanding or discussions I have had with my employer and set forth the complete agreement between me and my employer regarding these matters.

Date: _____ Signature: _____