

Employment Application Form

This company is an Equal Employment Opportunity employer. We adhere to a policy of making employment decisions without regards to race, ethnicity, color, sex, sexual orientation, gender identity, religion, national origin, ancestry, age, disability, marital status, genetic information, domestic or sexual violence victim status, familial status and/or any other class protected by law. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

٩pp	olicant Information						
Na	ame						
Last First Permanent Address_			Middle				
re	City		State	Zip Code			
	,			'			
Те	Telephone Number Email Address						
Po	Position applying for						
1 0	Position applying for Desired salary						
1.	How were you referred to our Company? ☐ Agency ☐ Walk-in ☐ Website	□ School	□ Other				
2.	Employment Desired: ☐ Full-Time	□ Part-Tir	me ⊓ T	emporary/Seasonal			
3. What hours are you available to work?							
4.	Are you 18 years of age or older?	□ Yes	□ No				
5.	Are you authorized to work in the US?	□ Yes	□ No				
6. Have you ever applied at or worked at this company before? ☐ Yes ☐ No If yes, when?							
7.	Driving Jobs Only: Do you have a valid drive	er's license?	□ Yes	□ No			
	If yes, Class of License						

If yes , բ (Note th	Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, provide details of 1) nature of crime, 2) date of conviction, and 3) state in which convicted (Note that a "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)						
Education							
School	Name a	and Location	Number of \ Attended		Diploma or Degree Received		
High School or GED							
College							
Graduate							
Vocational/ Technical							
volunteer acti	vities, ce		ations, license		onal organizations, r information you consider		
Course/Seminar				Content	Date(s) Attended		

Employment History – List your work experience beginning with the most recent job Company_____From____To____ Address_____ City State Zip Code Employer's Phone Number: _____ Position Title: _____ Supervisor's Name _____ Ending Salary: _____ Describe Duties/Responsibilities: Reason for leaving: Is this your current employer? □ Yes □No May we contact this employer? □Yes □No **Company**______From_____To____ Address_____ City State Zip Code Employer's Phone Number: _____ Position Title: _____ Supervisor's Name _____ Ending Salary: _____ Describe Duties/Responsibilities: Reason for leaving: **Company**______From_____To____ Address____ City State Zip Code Employer's Phone Number: _____ Position Title: _____ Supervisor's Name Ending Salary: Describe Duties/Responsibilities: Reason for leaving:

Business References						
Name/Business Relationship	Phone Number					
Military Service						
Branch of Service						
Date Entered Date Discharged						
Nature of duties, special skills, training, etc.						
Please Read Carefully Befo	re Signing This Form					
All information contained in this application is true to the best of my knowledge and belief. understand that misrepresentation or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am selected/hired.						
I authorize this company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my employment or me.						
Regardless of whether or not I become selected/hired by this company, I recognize that this application is not and should not be considered a contract of employment for any definite period of time. If employed, I understand that I have been hired "at-will" of the employer and my employment may be terminated at any time, with or without cause and with or without notice.						
Signature of Applicant:						
Date:						