

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunities and will not unlawfully consider any factors of race, religion, age, creed, national origin, gender, disability veteran status or any and all other unlawful biases regarding federal, state or local laws with regard to workers or applicants.

PERSONAL INFORMATION

Name (including first, middle and last names):		Home Phone:	
Present Address (including city, state, zip):			
Social Security Number:		Are you over 18?	
Can you supply documentation of your identity and authorization to work in the U.S.?	_____ yes _____ no		
Have you ever been convicted or plead guilty or no contest to any criminal offense? (Criminal convictions are not an automatic ban from employment but will only be considered in relation to specific job requirements).	_____ yes _____ no		
If yes, state the offense, location, date and disposition, and any other circumstances or rehabilitation.			

WORK INTEREST

Position applied for:	Type of employment: _____ Full time _____ Part time	Shift preferred:	Minimum salary:	Earliest available date:
Do you have reliable transportation?	_____ yes _____ no			
If the position requires travel, are you willing, and do you have a valid drivers license?	_____ yes _____ no (If yes, DL# _____ State: _____)			
Are you currently employed?	_____ yes _____ no	May we inquire of your current employer?	_____ yes _____ no	

List the names of employers in consecutive order with present or last employer listed first. Account for all periods, including military service. If self-employed, give firm name and supply additional references. **PLEASE GIVE BOTH MONTH AND YEAR.**

WORK HISTORY

Name of Employer:		Dates Employed:		
Address:		From:	Mo.	Yr.
		To:	Mo.	Yr.
Telephone:	Your Title:	Pay Ending:	\$	
Name/Title of Supervisor:			Reason for Leaving:	
Duties:				
Name of Employer:		Dates Employed:		
Address:		From:	Mo.	Yr.
		To:	Mo.	Yr.
Telephone:	Your Title:	Pay Ending:	\$	
Name/Title of Supervisor:			Reason for Leaving:	
Duties:				
Name of Employer:		Dates Employed:		
Address:		From:	Mo.	Yr.
		To:	Mo.	Yr.
Telephone:	Your Title:	Ending Pay:	\$	
Name/Title of Supervisor:			Reason for Leaving:	
Duties:				

Please explain all periods of unemployment:	
---	--

Have you ever been disciplined associated with theft? _____ Yes _____ No

If yes, please explain:

Have you ever been terminated from employment? _____ Yes _____ No

If yes, please explain:

Have you ever served in the military? _____ Yes _____ No

Branch of Service: _____ Final Rank: _____

EDUCATION

List All Schools Attended	Name & Address of School	No. of Years	Graduated?	Degree of Type of Diploma	Major Course of Study
High School					
College/University					

If you have not graduated from high school, do you have a GED? _____ yes _____ no
 No. of test _____ Date of test _____ Place taken _____

List languages which you speak and/or read proficiently: _____

CERTIFICATIONS/LICENSES/SPECIAL SKILLS

Type	Agency or State Issued	Date Issued	Number

List those skills and abilities (personal skills, qualities, work style, interpersonal ability, communication, etc.) you feel particularly qualify you for a position with us:

REFERENCES

Name	Address	Phone	Occupation

ADDITIONAL TERMS AND CONDITIONS OF EMPLOYMENT

Initials: _____

I certify that the answers given by me to the foregoing questions and statements on the employment application and/or during the employment interview process are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the Company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.

I understand that I may be required to have a medical examination and/or drug and alcohol test after an offer of employment has been made and prior to the commencement of my employment duties. A favorable result on the medical examination and/or drug and alcohol test would be a condition of my employment or commencement of any employment duties.

I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged, at any time, for any reason, with or without good cause and with or without prior notice. ***Excepting Union Agreement.** I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate officer. I understand that this is an application for employment and that no employment contract is being offered.

I understand that only United States citizens or aliens who are legally entitled to work in the United States are eligible for employment.

My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, and all other Company rules and regulations. The Company shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in effect.

Signature: _____

Date: _____

Printed Name: _____

Hiring Supervisor: _____

Employee Rate of Pay: _____

Hire Date: _____

Start Date: _____