**APPLICATION FOR EMPLOYMENT**

**An Equal Opportunity Employer**

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| **GENERAL INFORMATION** |

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Job applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you seeking: Full Time ☐ Part-Time ☐ Pay Desired: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When can you start work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Can you work weekends? YES  NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Name Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Street Address City State Zip Code

Are you 18 years of age or older? YES  NO  DOB: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

Have you ever applied here before: YES  NO  If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you ever employed here? YES  NO  If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of any criminal offense (felony or misdemeanor? YES  NO

Include any plea of “guilty” of “no contest” (**Include traffic violation).** If yes, give details:

**(A conviction will not necessarily disqualify an applicant for employment)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a valid Driver’s License? YES  NO

Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class of License \_\_\_ State Licensed \_\_\_\_\_

Have you had your driver’s license suspended or revoked in the last (3) years? YES  NO

If yes give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If hired, would you have transportation to/from work? YES

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| **EDUCATION** |

LIST NAME OF SCHOOLS No. of Years Diploma/Degree/Certificate

High School or GED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vocational or Technical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What skills or additional training do you have that relate to the job for which you are applying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What machines or equipment can you operate that relate to the job for which you are applying:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR RESUME**

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| **WORK HISTORY** |

List names or employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job** offer may be contingent upon acceptable references from current and former employers.

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| --- | --- |
| 1. NAME OF EMPLOYER | JOB TITLE AND DUTIES |
| ADDRESS | DATES OF EMPLOYMENTS (MO/YR): FROM TO |
| CITY, STATE, ZIP CODE | PAY: START $ FINAL$ |
| SUPERVISOR(S) PHONE NUMBER | Reason for Leaving |
| 2. NAME OF EMPLOYER | JOB TITLE AND DUTIES |
| ADDRESS | DATES OF EMPLOYMENTS (MO/YR): FROM TO |
| CITY, STATE, ZIP CODE | PAY: START $ FINAL$ |
| SUPERVISOR(S) PHONE NUMBER | Reason for Leaving |
| 3. NAME OF EMPLOYER | JOB TITLE AND DUTIES |
| ADDRESS | DATES OF EMPLOYMENTS (MO/YR): FROM TO |
| CITY, STATE, ZIP CODE | PAY: START $ FINAL$ |
| SUPERVISOR(S) PHONE NUMBER | Reason for Leaving |

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| **PERSONAL REFERENCES** |

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| 1.NAME ADDRESS PHONE # RELATIONSHIP    . |
| 2.NAME ADDRESS PHONE# RELATIONSHIP |
| 3.NAME ADDRESS PHONE# RELATIONSHIP |

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| **PLEASE READ EACH SATATEMENT CAREFULLY BEFORE SIGNING**  **I certify that all information provided in this employment application is true and complete**. **I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete background check**. I understand that any false information or omission may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date**.** I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations from a legal liability in making such statements. I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.  **I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENET FOR ANY DEFINATE PERIOD OF TIME. ONLY THE PRESIDENT OR VICE-PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT OR VICE-PRESIDENT AND THE EMPLOYEE IF EMPLOYED. I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**  I have read. Understand, and by my signature consent to these statements.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **This application for employment will remain active for a limited time. Ask the organization’s representative for details.** |

**03/16**