APPLICATION FOR EMPLOYMENT

FEDERAL LAW PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, DISABILITY, SEX OR NATIONAL ORIGIN, AS WELL AS DISCRIMINATION ON THE BASIS OF AGE AGAINST PERSONS BETWEEN THE AGE OF 40 AND 65 INCLUSIVE. SOME STATE AND CITY LEGISLATION PROHIBITS DISCRIMINATION BECAUSE OF AGE, MARITAL STATUS, SEXUAL PREFERENCE, RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. CONSULT COMPETENT COUNSEL FOR FURTHER INTERPRETATION.

PLEASE PRINT CLEARLY   Date _____

PERSONAL

First name _____ Middle _____ Last _____

Street and number _____ Social Security No. _____

City/State _____ Zip _____ Telephone No. _____

How many addresses have you had in the last 5 years? _____

How did you find out about this job? Newspaper ☐ _____ Referral ☐ _____ Other ☐ _____

Driver License # _____ State Issued _____ Expiration Date _____

If hired, do you have a reliable means of transportation to get to work? ☐ Yes ☐ No

Salary desired _____ Least acceptable salary _____

Are you a U.S. citizen? ☐ Yes ☐ No   If no, do you have the legal right to work in the U.S. (i.e., green card) ☐ Yes ☐ No

Are you at least 16 years old? ☐ Yes ☐ No

EMPLOYMENT DATA

Are you seeking: ☐ Temporary   ☐ Full time   ☐ Part time

What position(s) are you applying for? _____

What hours and shift(s) would you prefer to work? _____

Please indicate any shift(s) you would not be available to work? _____

Are you willing to work overtime? ☐ Yes ☐ No   Weekends? ☐ Yes ☐ No

EXPERIENCE, SPECIAL SKILLS, OR TRAINING: _____

Are you currently employed? ☐ Yes ☐ No   When would you be able to start? _____

Have you ever worked for this organization before? ☐ Yes ☐ No   Name used: _____

List any friends or relatives employed by this company: _____

Are you on layoff and subject to recall? ☐ Yes ☐ No

Have you ever been discharged or asked to resign from any position? ☐ Yes ☐ No

If Yes please describe: _____

How many days have you missed from school or work within the last 12 months? _____ Been Late? _____

How many days of work have you missed in the last three years for other than sickness? _____

Please describe: _____

EDUCATION   Please circle highest level attained

Elementary 1 2 3 4 5 6 7 8   High School   9   10   11   12   G.E.D.

Name and City: _____

College 1 2 3 4 5 6

Name & City: _____

Degree & Major: _____

If currently in high school, are you enrolled in a recognized co-op program: (such as D.E., C.V.A., V.O.E.)? ☐ Yes ☐ No

If yes, identify program and school: _____

MILITARY SERVICE

Are you a veteran? ☐ Yes ☐ No   If yes, give dates of service: From _____ to _____

Special skills or training: _____

WORK HISTORY

Please list your last 4 employers. Begin with the most recent employer.

1. Company	Address	Phone	From		To	
			Mo.	Yr	Mo.	Yr.
Job Title	Give specific reason for leaving	Supervisor's name and title				
Describe duties briefly:		Starting Salary:		Ending Salary:		

2. Company	Address	Phone	From		To	
			Mo.	Yr	Mo.	Yr.
Job Title	Give specific reason for leaving	Supervisor's name and title				
Describe duties briefly:		Starting Salary:		Ending Salary:		

3. Company	Address	Phone	From		To	
			Mo.	Yr	Mo.	Yr.
Job Title	Give specific reason for leaving	Supervisor's name and title				
Describe duties briefly:		Starting Salary:		Ending Salary:		

4. Company	Address	Phone	From		To	
			Mo.	Yr	Mo.	Yr.
Job Title	Give specific reason for leaving	Supervisor's name and title				
Describe duties briefly:		Starting Salary:		Ending Salary:		

May we contact the employers listed above? ☐ Yes ☐ No   If not, tell us which one(s) you do not wish us to contact and why.
_____

How many jobs have you had in the last 10 years that are not listed above? _____

Why are you seeking a new position at this time? _____
_____
_____

What is the job you have enjoyed most and why? _____
_____
_____

List any outside interests including organizations you're active in that are business related: _____
_____

Bonding and money handling security policies require that we ask if you have ever been convicted of a felony? ☐ Yes ☐ No
On parole? ☐ Yes ☐ No   Awaiting Trial? ☐ Yes ☐ No
If yes, state the nature of the offense and disposition of the case. Include dates and places. NOTE: Felony convictions or the existence of a criminal record does not constitute an automatic bar to employment: _____

I authorize this company to make an investigation of all information contained in this application for employment and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigative report they deem necessary through various third party sources. Upon my formal written request, within a reasonable period of time, I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me; whether, prior to my employment or if employed by this company at any time thereafter. If requested, I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company may change wages, benefits and conditions at any time. My employment is at will. I have read and understand the above.

Applicant's Signature _____ Date _____

CHECK OVER THE FOREGOING APPLICATION, BE SURE IT IS COMPLETE AND SIGNED, AND RETURN IT TO INTERVIEWER.