



## APPLICATION FOR EMPLOYMENT

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, national origin, sex, religion, retaliation, association with protected class, prohibition on genetic screening and brain-wave testing, age, marital or veteran status, physical or mental disability, or any other legally protected status.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

All persons hired will be required to submit and pass with approval a criminal background check.

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Preferred Pay Range: \_\_\_\_\_

If you are under 18-years-old, can you provide required proof of your eligibility to work?  Yes  No  N/A

Have you ever filed an application or been employed with us before?  Yes (Date: \_\_\_/\_\_\_/\_\_\_)  No

Are you currently employed?  Yes  No May we contact your current employer?  Yes  No

What date would you be able to begin work? \_\_\_/\_\_\_/\_\_\_

Are you seeking full-time or part-time employment?  Full-time  Part-time  Either

Do you have any restrictions on days or hours that you are unable to work?  Yes  No

If yes, what are they? \_\_\_\_\_

Are you physically or otherwise able to perform the job duties for the position you are applying?  Yes  No

Can you travel if a job requires it?  Yes  No

### EDUCATION

	School Name	City/St	Years Completed	Major/Degree
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Trade/Other:	_____	_____	_____	_____



### PROFESSIONAL REFERENCES

Please list 3 professional references (no relatives or friends), contact information, your relationship to the individual, and the length of time you've known one another.

Full Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Length of time known: \_\_\_\_\_

### EMPLOYMENT EXPERIENCE

Please start with your most recent employer

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



## APPLICANTS STATEMENT

I certify that all answers given on this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

---

Signature of Applicant

---

Date