

EMPLOYMENT APPLICATION

1105

APPLICANT INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete both sides of this form.
3. If more space is needed to complete any question, use comments section on the back.
4. Print clearly; incomplete or illegible applications will not be processed.
5. Do not fill out any other attached forms until instructed.

APPLICANT NOTE

questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

AVAILABILITY

What date can you start? _____ For which position are you applying? _____
What category would you prefer: ☐ Full-time ☐ Part-time ☐ Temporary
For which schedules are you available? ☐ Weekdays ☐ Weekends ☐ Overtime ☐ Other _____

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	GRADUATE?
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

List languages in which you are fluent: _____

☐ Yes ☐ No If the job requires, do you have the appropriate valid driver's license?

Driver's License #: _____ Class/Type: _____ State of Issue: _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____

- ☐ Yes ☐ No Have you been given a position description or had the requirements of the job explained to you?
- ☐ Yes ☐ No Do you understand these requirements?
- ☐ Yes ☐ No Are you able to perform the essential functions of the job for which you are applying?

SECURITY

List states and counties of residence for the past seven years: _____

- ☐ Yes ☐ No Have you had any moving traffic violations? Please describe: _____
- ☐ Yes ☐ No Have you used any names or Social Security Numbers other than those on this application? If so, please list on back.
- ☐ Yes ☐ No Have you been convicted of a felony and/or served time in the past seven years? If so, please describe below.
- (A conviction will be judged on its own merits with respect to time, circumstances and seriousness.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

TODAY'S DATE: _____

NAME: _____
Last First Middle Maiden

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
Street Address & Apartment Number

City State Zip

PREVIOUS ADDRESS: _____
Street Address & Apartment Number

City State Zip

EMERGENCY CONTACT: _____
Name Phone

EMPLOYMENT REFERENCES

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are essential*.

MOST RECENT EMPLOYER:		<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?			
COMPANY NAME	CITY	STATE	PHONE NUMBER ()
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	
DUTIES			
SALARY (HOUR • WEEK • MONTH)		REASON FOR LEAVING	

MOST RECENT EMPLOYER:		<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?			
COMPANY NAME	CITY	STATE	PHONE NUMBER ()
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	
DUTIES			
SALARY (HOUR • WEEK • MONTH)		REASON FOR LEAVING	

MOST RECENT EMPLOYER:		<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?			
COMPANY NAME	CITY	STATE	PHONE NUMBER ()
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	
DUTIES			
SALARY (HOUR • WEEK • MONTH)		REASON FOR LEAVING	

LAST

FIRST

MIDDLE

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

COMMENTS

CERTIFICATION & RELEASE

ASK FOR AN ADDITIONAL PAGE IF NECESSARY

I certify that I have read and understood the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE
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FOR OFFICE USE ONLY: Interviewer Comments: