EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

PERSONAL INFORMATION

Name: _____ Date: _____

Street Address: _____

City/State/ Zip: _____ SSN: _____

Phone Number: _____ E-Mail: _____

Position desired? _____

Can you perform the essential functions of the position for which you are applying? YES [   ] NO [   ] If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)
_____
_____

When would you be available to begin work? _____

What is your pay rate desired? _____

(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES [ ]   NO [ ]

(If no, you may be required to provide authorization to work.)

Have you ever worked for this Company before? YES [ ]   NO [ ]

If yes, where? _____ When? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for the Company? YES [ ]   NO [ ]   If yes, who and where do they work? _____

AVAILABILITY

Are you available to work: **DAYS** [ ] **NIGHTS** [ ] **WEEKENDS** [ ] **FULL TIME** [ ] If you cannot work full time, please explain: _____

Days and Hours Available: *(If employed, notification must be provided in writing should availability change.)*

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? YES [ ]   NO [ ]

If yes, may we contact your employer? YES [ ]   NO [ ]

If presently employed, why are you considering leaving? _____

EDUCATION

Schools/Colleges Attended:	# Years	Year Grad	Degree

EMPLOYMENT/WORK EXPERIENCE (Start with your current or most recent position.)

Employer: _____ Dates of Employment: (From) _____   (To) _____

Job Title: _____   Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Primary Duties/Responsibilities: _____

Reason for leaving: _____

Employer: _____ Dates of Employment: (From) _____   (To) _____

Job Title: _____   Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Primary Duties/Responsibilities: _____

Reason for leaving: _____

Employer: _____ Dates of Employment: (From) _____   (To) _____

Job Title: _____   Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Primary Duties/Responsibilities: _____

Reason for leaving: _____

PERSONAL/BUSINESS REFERENCES

Name: _____ Years known: _____

Position: _____ Company: _____ Phone: _____

Name: _____ Years known: _____

Position: _____ Company: _____ Phone: _____

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any characteristic protected by law.

IMPORTANT, PLEASE READ AND SIGN

I CERTIFY that my answers are true and complete to the best of my knowledge. I understand that failure to reveal any prior employer, or by giving false or misleading information on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that this application is not and is not intended to be any kind of contract or agreement. I understand that if I am hired, my employment is for no definite time and may be terminated by me or the company at any time, for any or no reason, with or without prior notice.

Signed: _____ Date: _____

<div align="center">DO NOT WRITE BELOW THIS LINE</div>

RESULTS

Employed: YES [   ]   NO [   ]

If yes, Job Title: _____ Department: _____

Date beginning employment _____ Compensation $_____ per _____

Interviewed by: _____ Date: _____