

Application for Employment

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, natural origin, handicap, veteran status or any condition prescribed by state or local law.

PERSONAL

Last Name	First	Middle	Date
Address			Home Telephone
City, State, Zip			Business Telephone
Have you ever applied for employment with us? ___ Yes ___ No If yes: Month and Year _____ Location _____			Social Security Number
Position Desired			Pay expected
Apart from absence for religious observance, are you available for full-time work? ___ Yes ___ No If not, what hours can you work? _____			Will you work overtime if asked? ___ Yes ___ No
Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? ___ Yes ___ No If "Yes," describe in full.			Have you ever been bonded? ___ Yes ___ No If "Yes," with what employers?
Other special training or skills (languages, machine operation, etc.)			

Education

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				☐ Yes ☐ No	
College				☐ Yes ☐ No	
Business/ Trade/ Technical				☐ Yes ☐ No	
High School				☐ Yes ☐ No	
Elementary				☐ Yes ☐ No	

Employment

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Name of Company	Telephone
Address	Employed- (State month and year)
Name of Supervisor	From _____ To _____
State Job Title and Describe Your Work	Weekly pay _____
	Start _____ Last _____
	Reason for leaving _____

Name of Company	Telephone
Address	Employed- (State month and year)
Name of Supervisor	From _____ To _____
State Job Title and Describe Your Work	Weekly pay _____
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State Job Title and Describe Your Work	Weekly pay _____
	Start _____ Last _____
	Reason for leaving _____

We may contact the employees listed above unless you indicate those you do not want us to contact.	<u>DO NOT CONTACT</u>	
	Employee Number (s) _____	Reason _____

<u>Military</u>	Did you serve in the U.S. Armed Forces? ____ YES ____ NO	If "Yes," what branch?
Describe any training received relevant to the position for which you are applying. _____		

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.
(Exclude those which may disclose your race, color, religion, age or national origin)

Applicant's Signature

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclose in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms and contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Date

Signature