



APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

Name : _____ Today's Date: _____

Current Address : _____ City _____ State _____ Zip _____

Phone Number(s) where we can reach you: Home: _____ Cell: _____ Other: _____

Position Desired: _____ Full Time _____ Part Time _____ Shift _____

Are you able to work Saturdays and Sundays when required? ____ Y ____ N What hours are you not available for work? _____

Have you worked for us in the past? ____ Yes ____ No If yes, in what department? _____ Dates: _____

How did you hear about our company? _____ Internet _____ Agency _____ Current Employee (name) _____ Other _____

Are you eligible for employment in the United States? ____ Yes ____ No Are you at least 18 years old? ____ Yes ____ No

EMPLOYMENT HISTORY

Please tell us about your employment history and experience. Begin with your most recent employer. Please include the past five (5) years including any periods of unemployment. Please attach a separate sheet if necessary.

1. Employer Name _____

Address _____ Start Date _____

Person to Contact for Reference _____ E-mail _____

Salary / Wage _____ Daily Responsibilities _____

End Date _____ Reason You Left: _____

2. Employer Name _____

Address _____ Start Date _____

Person to Contact for Reference _____ E-mail _____

Salary / Wage _____ Daily Responsibilities _____

End Date _____ Reason You Left: _____

3. Employer Name _____

Address _____ Start Date _____

Person to Contact for Reference _____ E-mail _____

Salary / Wage _____ Daily Responsibilities _____

End Date _____ Reason You Left: _____

EDUCATION

Name and Address of the High School you attended: _____

Did you Graduate or receive your G . E. D.: Yes No

Name and course of study at College: _____

Did you Graduate: Yes No

Name & course of study at Technical / Trade School: _____

Did you Graduate: Yes No

List other training and or skills you have: _____

APPLICANT'S ACKNOWLEDGMENT, AUTHORIZATION & RELEASE

PLEASE READ THE FOLLOWING CAREFULLY

- I certify that the information contained in this application and/or my resume is complete and truthful to the best of my knowledge. I understand that to falsify information is grounds for refusal to hire or discharging me should I be hired. **I understand that my employment is terminable at will at any time by either myself or the company with or without cause. I understand that if hired, the only person authorized to change the "at will" nature of my employment is the President of the company. I also understand that this application represents no contractual agreement of any type.**
- Depending on the position for which I am being considered, I understand that I may be required to take skill tests / assessments or personality / psychological tests / assessments. Failure to successfully pass any test / assessment may exclude me from further consideration for employment in the position for which I applied but may not disqualify me from consideration for other positions based on my qualifications and my interest. In addition, I understand that a post-offer drug test may be required for all employment consideration. A positive test will automatically disqualify me from any type of employment for any position with this company. Depending on the position for which I am applying, I understand that a post-offer physical may also be required. Failure to successfully complete the physical exam will disqualify me from further consideration in the position for which I applied, but will not prevent me from being considered for another position within the company for which I am qualified. I understand that a baseline audiometric test to determine my hearing ability may be performed and that annual audiometric testing may be a condition of employment. I also understand that a vision screening may be required and that 20/20 vision with or without correction may be a requirement of all positions within this company.
- I understand that as a condition of employment, all applicants are required to authorize a background check to help ensure the safety and security of the company and its employees and to verify employment history. If offered a position, I will receive additional documentation authorizing a background check. In addition, I authorize any person, organization, school, or business listed on this application to provide any and all information with regard to my past or current association and release said entity from any and all liability for disclosing information about me. I further authorize this company to conduct a background check to investigate and verify information about me and to help determine my eligibility for employment.
- I understand that this application is considered current for thirty (30) days and, if, after that time I am still interested in employment, it will be necessary for me to reapply.
- If hired, I understand that I will be required to review, complete and execute various employment documents including but not limited to this application, I-9 and W-4. SAVE or E-Verify disclosure statements, employee handbook acknowledgment, receipt of rules, confidentiality agreement, non-compete agreement, benefit enrollment forms. Additional acknowledgments, agreements and receipts may also be required.
- I acknowledge that I have read and understand the above statements.

Signature of Applicant

Date

(For internal use only)

Received by: _____ Date: _____

(Please do not write on this application form – an applicant evaluation is available if needed)