

**Application for Employment**

*Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.*

**PERSONAL INFORMATION** Date of Application:

Name:

Last First Middle

Address:

Street (Apt) City/State Zip

Alternate Address:

Street (Apt) City/State Zip

Contact Information: (\_\_\_\_\_) (\_\_\_\_)

 Home Telephone Mobile Telephone Email

Social Security # Driver’s License #

Position applied for

How did you hear of this opening?

When can you start? Desired Wage $

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  Yes  No

Are you looking for full-time employment?  Yes  No

If no, what hours are you available?

Are you willing to work swing shift?  Yes  No Are you willing to work graveyard?  Yes  No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)  Yes  No

If yes, please describe conditions.

**Education** **School Name and Location**  **Grad Date/Degree/Major**

High School

College

College

Post-College

Other Training

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

**Employment History** (Start with most recent employer)

Company Name

Address Telephone

Date Started Starting Wage Starting Position

Date Ended Ending Wage Ending Position

Responsibilities

Reason for leaving

Name of Supervisor May we contact?  Yes  No

Company Name

Address Telephone

Date Started Starting Wage Starting Position

Date Ended Ending Wage Ending Position

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Reason for leaving

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Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is “at will”, which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature Date