

# EMPLOYMENT APPLICATION

Date: / /

## PERSONAL

Last Name:	First Name:	MI:	SS/DL#:
Present Address:			
Home Phone:	Mobile Number:	Email:	
Permanent Address, if different from present address:			
If hired can you provide proof that you are legally able to work in the United States?			Yes No
How were you referred to us?			
Advertisement	Employee	Employment Agency	Walk-in Other
Depending on the position that I am applying for, I am healthy enough and capable of:			
Lifting at least 50 lbs.	Yes No		
Standing for at least 8 hours	Yes No		
Do you have a pre-existing condition that would prevent you from performing your job duties? Yes No			
If so, can you provide the employer with a full release from the doctor that treated the pre-existing condition? Yes No			
List any relatives or friends employed by the Company:			Relationship:

## EMPLOYMENT

Position Desired:	Salary Desired:
Are you available for overtime?	Yes No
Are you over 18 years of age?	Yes No
When are you available to begin work?	
Are you able to perform the essential functions of the job for which you are applying?	Yes No

## SKILLS

Are you able to operate heavy equipment?	Yes No	Types:
Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?		

## EDUCATION

Type of School	Name & Location of School	# of years completed	Graduated		Degree(s) or Diplomas(s)	Major Field(s) of Study
			Yes	No		
High School or Trade School						
Business or Tech. School						
Jr. College and/or University						
Other Training (Explain)						

## EMPLOYMENT HISTORY

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, military service, experience gained over seven (7) years prior, etc.) Attach an additional sheet if extra space is needed.)

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## POSITIONS HELD

Company Name:	Dates Employed: From:                      To:	Starting Salary  Ending Salary
Street Address:	Job Title:	Hours Worked From:                      To:
City, State, Zip Code:	Specific Job Duties: 1. 2. 3.	
Telephone:		
Supervisor:		
Is this your current employer? Yes      No	Reason for leaving:	
May we contact this employer? Yes      No	What is the most important skill demonstrated on the job?	

**POSITIONS HELD (cont.)**

Company Name:	Dates Employed: From:                      To:	Starting Salary  Ending Salary
Street Address:	Job Title:	Hours Worked From:                      To:
City, State, Zip Code:	Specific Job Duties:	
Telephone:	1.	
Supervisor:	2.	
Is this your current employer? Yes      No	3.	
May we contact this employer? Yes      No	Reason for leaving:	
	What is the most important skill(s) demonstrated on the job?	

Company Name:	Dates Employed: From:                      To:	Starting Salary  Ending Salary
Street Address:	Job Title:	Hours Worked From:                      To:
City, State, Zip Code:	Specific Job Duties:	
Telephone:	1.	
Supervisor:	2.	
Is this your current employer? Yes      No	3.	
May we contact this employer? Yes      No	Reason for leaving:	
	What is the most important skill demonstrated on the job?	

## PROFESSIONAL REFERENCES

Please list at least 3 Professional References

Name: Address:	Phone:
Name: Address:	Phone:
Name: Address:	Phone:

## MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military?      Yes      No

If yes, please describe:

## PERSONAL REFERENCES

Please list two (2) persons NOT related to you who have known you for at least five (5) years.

Name:	Address:	Phone No.
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Name:	Address:	Phone No.
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## APPLICANT'S STATEMENT

(Initial each numbered item as read)

1. \_\_\_\_\_ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the Company or its agents.
2. \_\_\_\_\_ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the Company, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release the Company, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3. \_\_\_\_\_ I understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly, I will be subject to a pre-employment physical and urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Company has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
4. \_\_\_\_\_ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
5. \_\_\_\_\_ I understand and agree that the employment for which I am making application is, and is intern to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either me or the Company. There will be no agreement, express or implied between the Company and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of the Company.
6. \_\_\_\_\_ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read all of the above statements (6).
7. \_\_\_\_\_ I understand and agree that the Company is committed to maintaining a safe work environment for our employees. Accordingly, I will be subject to a pre-employment background check. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire.
8. \_\_\_\_\_ If it is determined that you have a pre-existing condition at the time of your physical/drug screen can employee provide a full release from the doctor that treated the employee.

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Date

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Name

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Signature