



## APPLICATION FOR EMPLOYMENT

*If you would like assistance completing this application form or need assistance during any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.*

We are an equal opportunity employer and do not discriminate in our employment practices based on race, age, color, sex, religion, national origin, marital status, presence of disabilities, or other protected classification.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone number \_\_\_\_\_ Are you over 18 years old?  Yes  No

Are you authorized to work in the U.S. on an unrestricted basis?  Yes  No

How did you learn of this opening? \_\_\_\_\_

Have you worked here before?  Yes  No

Are there any hours, shifts, or days you cannot or will not work? \_\_\_\_\_

Shift preferred \_\_\_\_\_ Part Time  Full Time

Are you willing to work overtime as required?  Yes  No

Have you ever been convicted of a felony?  Yes  No (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

EDUCATION:	Name & Location of School	Year Graduated	Major	Diploma/ Degree
High School				
College/Univ.				
College/Univ.				
Other Training/	1.			
Education	2.			

In addition to your work history, What other experience, skills or qualifications would especially fit you for work with our company?

Positions(s) Applied For 1. \_\_\_ 2. \_\_\_

Wage or Salary desired? \$ \_\_\_ When can you start? \_\_\_

**WORK HISTORY:** May we contact your present employer? Yes [ ] No [ ]

Most Recent Employer		Address		Telephone ( )
Date Started: Starting Salary: \$ Per		Starting Position		
Date left: Salary on Leaving \$ Per		Position on Leaving		
Name and Title of Supervisor				
Description of Duties		Reason for Leaving		
Employer		Address		Telephone ( )
Date Started: Starting Salary: \$ Per		Starting Position		
Date left: Salary on Leaving \$ Per		Position on Leaving		
Name and Title of Supervisor				
Description of Duties		Reason for Leaving		
Employer		Address		Telephone ( )
Date Started: Starting Salary: \$ Per		Starting Position		
Date left: Salary on Leaving \$ Per		Position on Leaving		
Name and Title of Supervisor				
Description of Duties		Reason for Leaving		
Employer		Address		Telephone ( )
Date Started: Starting Salary: \$ Per		Starting Position		
Date left: Salary on Leaving \$ Per		Position on Leaving		
Name and Title of Supervisor				
Description of Duties		Reason for Leaving		

**APPLICANT'S CERTIFICATION AND AGREEMENT**

*I certify that the facts set for in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application.*

*I understand that employment at this Company is "at will", which means that either I or the 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 the Company, other than the president, has any authority to alter the forgoing.*

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_