



## EMPLOYMENT APPLICATION

### Instructions

**Be sure to read ALL instructions carefully and complete ALL of this application** (incomplete applications may be rejected). Any misrepresentation or deliberate omission of any fact in this application, resume or any other materials will be justification for rescinding an employment offer or if employed, termination from employment. Additionally attached is:

- **Equal Employment Opportunity Employer:** We do not discriminate because of race, color, creed, religion, national origin or ancestry, gender, age, disability which is unrelated to the ability to perform the job, veteran status, marital status, citizenship status, sexual orientation or status with regard to public assistance or other classes protected by state or local regulations.
- **Drug/Alcohol Policy:** We have adopted a Drug/Alcohol Policy that includes pre-employment drug testing. All offers for employment with us are conditioned upon passing a pre-employment drug test. Be sure you read all instructions carefully.

PERSONAL DATA			
Last Name (Legal)		Today's Date	
First Name (Legal)		Are you 18 years of age or older?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Middle Initial		Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Name (If applicable)			
Mailing/Street Address		Do You have a Commercial Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City		Have you ever been employed by us?: (including temporary or contractor) <input type="checkbox"/> Yes <input type="checkbox"/> No	
County		If yes (to either), please provide the office/location and dates: _____	
State			
Zip Code			
Present Telephone Number (Area Code/Number)		Do you have relatives who are currently employed with us?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alternate Telephone Number (Area Code/Number)		If yes, please provide their Name(s) and Relationship to you: _____	
E-mail Address			
POSITION YOU ARE APPLYING FOR			
Position Title (specific opening)		On what date would you be available to begin work?	
Work Location Desired		Salary Desired: \$ _____	<input type="checkbox"/> hourly <input type="checkbox"/> annually
Shift Preference		Regular Employment	Temporary Employment
Please check box(es) indicating your shift preference:	<input type="checkbox"/> Days	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Intern <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/> Other
	Number of Hours per week _____		
How did you hear about our job opening?	<input type="checkbox"/> Advertisement <input type="checkbox"/> Professional Organization <input type="checkbox"/> Internet <input type="checkbox"/> Search Firm		<input type="checkbox"/> State Employment office <input type="checkbox"/> Walk-in <input type="checkbox"/> Personal Referral <input type="checkbox"/> Other
	Please describe:		

EDUCATION AND TRAINING				
<b>High School Education/GED</b>				
<b>Did you graduate high school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If no, did you receive a GED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of GED receipt: (MM/DD/YYYY)
High School Name		GED Institution Name		
City, State, Country of High School		City, State, Country of Institution		
<b>Post High School Education (list most recent first)</b>				
1. School Name		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Graduation (MM/DD/YYYY)	Diploma, Degree or Certificate type:
City, State, Country of school		Major Field of Study	Minor Field of Study (if applicable)	
Overall GPA out of possible total (e.g. 3.2/4.0)	Type of School (check one)	<input type="checkbox"/> Vocational School, Technical Institute, Community and Junior College <input type="checkbox"/> Other College or University <input type="checkbox"/> Other Training (Including Military School)		
2. School Name		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Graduation (MM/DD/YYYY)	Diploma, Degree or Certificate type:
City, State, Country of school		Major Field of Study	Minor Field of Study (if applicable)	
Overall GPA out of possible total (e.g. 3.2/4.0)	Type of School (check one)	<input type="checkbox"/> Vocational School, Technical Institute, Community and Junior College <input type="checkbox"/> Other College or University <input type="checkbox"/> Other Training (Including Military School)		
3. School Name		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Graduation (MM/DD/YYYY)	Diploma, Degree or Certificate type:
City, State, Country of school		Major Field of Study	Minor Field of Study (if applicable)	
Overall GPA out of possible total (e.g. 3.2/4.0)	Type of School (check one)	<input type="checkbox"/> Vocational School, Technical Institute, Community and Junior College <input type="checkbox"/> Other College or University <input type="checkbox"/> Other Training (Including Military School)		
<b>Please list academic honors, scholarships, or fellowships; memberships in academic honorary societies; or participation in or offices held in extracurricular activities that you consider significant.</b>				

**EMPLOYMENT EXPERIENCE**

Please list your job history for the past seven years, starting with your current or most recent job. Include summer/part-time jobs, and cooperative education assignments if applicable.

**Current or Most Recent Employment**

Employer Name				Employer Telephone Number (Area Code/Number)	( )	
Street Address				Start Date (MM/DD/YYYY)		End Date (MM/DD/YYYY)
				Position Title		
City				Base Salary	\$	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
County				Supervisor's Name		
State		Zip Code		Supervisor's Position Title		
Reason for Leaving				May we contact them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Post Offer Only	

Please describe your job responsibilities and/or accomplishments:

**Previous Employment**

Employer Name				Employer Telephone Number (Area Code/Number)	( )	
Street Address				Start Date (MM/DD/YYYY)		End Date (MM/DD/YYYY)
				Position Title		
City/County				Base Salary	\$	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
State		Zip Code		Supervisor's Name		
Reason for Leaving				Supervisor's Position Title		

Please describe your job responsibilities and/or accomplishments:

Employer Name				Employer Telephone Number (Area Code/Number)	( )	
Street Address				Start Date (MM/DD/YYYY)		End Date (MM/DD/YYYY)
				Position Title		
City/County				Base Salary	\$	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
State		Zip Code		Supervisor's Name		
Reason for Leaving				Supervisor's Position Title		

Please describe your job responsibilities and/or accomplishments:

Employer Name				Employer Telephone Number (Area Code/Number)	( )	
Street Address				Start Date (MM/DD/YYYY)		End Date (MM/DD/YYYY)
				Position Title		
City/County				Base Salary	\$	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
State		Zip Code		Supervisor's Name		
Reason for Leaving				Supervisor's Position Title		

Please describe your job responsibilities and/or accomplishments:

<b>Job Relevant Skills</b>			
Please list any other relevant skills, i.e. computer skills, machinery.			
<b>BUSINESS/PROFESSIONAL REFERENCES</b>			
1. Name		Work Phone	
Title/Company		Alternate Phone	
2. Name		Work Phone	
Title/Company		Alternate Phone	
3. Name		Work Phone	
Title/Company		Alternate Phone	
4. Name		Work Phone	
Title/Company		Alternate Phone	
<b>GENERAL INFORMATION</b>			
Do you have any commitments to another employer or organization, which might affect your employment with us such as contractual obligations, covenants not to compete, inventions or trade secret agreements, etc.? (A copy may be requested.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:			
Are you willing to Relocate?			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please read the following statements carefully, as they represent matters of importance to both you and us in connection with this application for employment.**

I understand and agree that:

1. The information that I have provided on this application is accurate to the best of my knowledge. Any misrepresentation or deliberate omission of any fact in my application, resume or any other materials will be justification for rescinding an employment offer, or if employed, termination from employment.
2. They may verify all the information provided by me, including but not limited to education and employment. If offered employment, I will sign a release form which gives my permission for them to procure or have prepared a criminal background and driving record check.
3. They have a written Drug/Alcohol Policy and that a drug screening urinalysis is required as part of the pre-employment process. I have received, and read a copy of their Drug /Alcohol Policy Summary, which expressly provides for pre-employment drug testing for individuals to whom a conditional offer of employment has been made.
4. If hired, I will be required to comply with the 1986 Immigration Reform and Control Act by completing Section 1 of the form I-9 (U.S. government Employment Eligibility Verification) and presenting appropriate documents establishing my identity and employment eligibility for examination by them.
5. Employment with them. is at-will. I understand that this means that if I accept an offer of employment, either they or I may terminate my employment at any time for any reason with or without notice. No statement to the contrary will be binding on them unless it is in writing and signed by their President/CEO.

Signature of Applicant:	Date:
Print Name	