

Employment Application

*All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, sex, national origin, citizenship status, physical or mental disability, or past, present, or future service in the Uniformed Services of the United States, or any other legally protected status. The use of this form does not mean there are positions open and does not obligate us in any way.

Name: _____ Gender: _____
First M.I. Last

Date of Birth: _____ Social Security: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Cell: _____

Email: _____

Position Applied for: _____ Type of Employment desired: _____

How soon are you available to work? _____

If applying for Part Time position, what days and hours? Days: _____ Hours: _____

Education

School Level	Name of Institution	City & State	Major	Year Completed
Elementary School				
High School				
College				
Post Graduation				

Have you applied for a job with us before? _____ Have you ever worked for us before? _____

How did you come to apply? _____ If "Other" please describe: _____

Have you ever been bonded? _____ Have you ever been refused a bond? _____

If "Yes" state the reason and date: _____ Date: _____

Have you ever been convicted of a violation of the law except a minor traffic violation? _____

If "Yes", state the date, county where offense occurred - County & State: _____

(A conviction will not necessarily disqualify you for a position.).

Date: _____

Have you ever been discharged or requested to resign from a position? _____

Are you employed now? _____ If "Yes", may we contact your present employer? _____

Have you ever held a position of trust (handling money or confidential material)? _____

If "Yes" describe _____

Employment History

Most Recent or Current

Employer Name	Employer Address	Telephone No.	Hire Date
Starting Rate	Last Rate	Job Duties	Date Left
Immediate Supervisor	Reason for Leaving	May we contact them?	

Past Employment

Employer Name	Employer Address	Telephone No.	Hire Date
Starting Rate	Last Rate	Job Duties	Date Left
Immediate Supervisor	Reason for Leaving	May we contact them?	

Past Employment

Employer Name	Employer Address	Telephone No.	Hire Date
Starting Rate	Last Rate	Job Duties	Date Left
Immediate Supervisor	Reason for Leaving	May we contact them?	

Please provide any additional information such as special skills, training, experience, equipment operation, or other qualifications you feel will be helpful to us in considering your application:

References (Do not list relatives or former employers)

1. Name: _____ Telephone: _____
2. Name: _____ Telephone: _____
3. Name: _____ Telephone: _____

As the "Applicant", I agree and certify the following:

- A. "I verify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."
- B. "I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains the same right."
- C. "If I am offered employment, I agree to submit to a physical examination whenever requested, and I understand my becoming employed an/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures."
- D. "I understand that if employed, policies, and rules which are issued are not conditions of employment and that the employer may revise policies and procedures in whole or in part, any time."
- E. "I understand that this application will be kept on active file for 90 days from the date completed, after which time I would have to reapply in accordance with established company procedures."

Signature of Applicant

Date: _____

FOR HR DEPARTMENT ONLY:

CLASS: _____

PAYROLL GROUP: _____

DIVISION: _____

JOB TITLE: _____

HIRE DATE: _____

FULL TIME: _____ PART TIME: _____

EMPLOYEE ID: _____

ANNUAL SALARY OR HOURLY RATE: _____