



## **APPLICATION FOR EMPLOYMENT**

## An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Last Name	First Name	Middle Na	Name		Telephone Number	
Present Street	Address	City	State		Ziţ	Code
Email Address		,	Job Applied for			
Are you seeking: Full-time	e 📗 Part-time 📗 Tem	nporary 🗌 employme	nt? When co	ould you start work	.?	
	or older?				Yes 🗌	No 🗀
Social Security #	If hired, can	you furnish proof you	are eligible to	work in the U.S.?	Yes 🗌	No 🗌
	cted of any law violation? In ntest." Exclude minor traffic				Yes 🗌	No [
If yes, give detail (A conviction will no	sot necessarily disqualify an applic	cant for employment.)				
	ct to be engaged in any add our job?				Yes 🗌	No [
If yes, give detail	s					
Do you have a valid driver	's license?				Yes	No 🗌
Driver's License I	Number	Class	of License	State Licer	nsed In	
Have you had yo	ur driver's license suspende	ed or revoked in the las	t 3 years?		Yes	No 🗌
If yes, give	e details:					
	usiness or civic activities and nal origin, sex, age, disabilit					
Have you worked or atte	nded school under any othe	er names? If yes, give r	names:			
Have you ever been fired If yes, please expla	I from a job or asked to resignain:	gn?		Yes	] N	lo 🗌
LIST NAME AND ADDR	RESS OF SCHOOLS		lumber of Years completed	Diploma/ Degree/ Certificate		ojects udied
High School or GED:						
College or University:						
ocational or Technical: _						
What skills or additional to	raining do you have that rela	ate to the job for which	you are apply	ving?		

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and information.

Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER		JOB TITLE AND DUTIES				
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO				
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$				
SUPERVISOR(S)	TELEPHONE	Reason For Leaving				
NAME OF EMPLOYER		JOB TITLE AND DUTIES				
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO				
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$				
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING				
NAME OF EMPLOYER		JOB TITLE AND DUTIES				
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	ТО			
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$				
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING				
NAME OF EMPLOYER		JOB TITLE AND DUTIES				
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO				
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$				
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING				

Please list three professional references.	
Full Name	Company
Address	Phone
Full Name	Company
Address	Phone
Full Name	Company
Address	Phone

## PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

have read	l, understand	, and by my	signature	consent to	these statements.
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Signature:	Date:
This application for employment will remain	ain active for a limited time. Ask the organization's representative for details.