



Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Position Applying for:

PERSONAL DATA

Name (last, first, middle)

Street Address or Mailing Address

City

State

Zip

Home Telephone Number

Business Telephone Number

Cell Phone Number

Date of Birth

Social Security Number

DPSST Number

Do you have a High School Diploma or GED?

Date you can start work

Wage Desired

Yes No

POSITION INFORMATION Check all that you are willing to work

Hours: Full Time
Part Time

Days
Evenings

Swing
Graveyard
Weekends

Type of work: Regular
Temporary

Are you authorized to work in the U.S. on an unrestricted basis?

Yes No

Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant from employment.)

Yes No

If yes, please explain:

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job?

Yes No

Can you perform these essential functions of the job with or without reasonable accommodation? Yes No

Do you have your own vehicle? Yes No

Driver's License Number

QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work; such as schools, colleges, degrees, vocational or technical programs, and military training.

	School Name/Address City State	Degree Received	Areas of Specialization
College			
Vocational/Technical			
Other			

SPECIAL SKILLS Please list any special skills or experience that you feel would help you in the position that you are applying for.

REFERENCES Please list three professional references not related to you, with full name, address, phone number and relationship. If you don't have three professional references, then list personal, unrelated references.

Name	Address/City/State	Phone	Relationship

WORK HISTORY Start with your present or most recent employment and work back. Use a separate sheet if necessary.

Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? Yes No N/A

Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date