

## APPLICATION FOR EMPLOYMENT

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities.

### INSTRUCTIONS

Each question should be fully and accurately answered. No action can be taken on this application until **all** questions are answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT OR TYPE, except for signature on second page of Application.

### PERSONAL DATA

Last Name	First Name	Middle Name	Telephone Number
Present Street Address	City	State	Zip Code
Job Applied For _____		Today's Date _____	
When are you available for employment? _____			
Are you 18 years or older? .....			Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Security Number _____	Are you a citizen of the United States or do you have a valid work permit? .....		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**You will be required to submit proof of age and proof of employment eligibility at time of employment.**

### MILITARY

Military Status: Active Duty Service From \_\_\_\_\_ to \_\_\_\_\_ Branch of Service \_\_\_\_\_  
 Service Duties \_\_\_\_\_  
 Are you a member of a reserve organization? ..... Yes  No

### GENERAL

Were you ever employed here? ..... Yes  No  When? \_\_\_\_\_  
 Have you ever applied here before? ..... Yes  No  When? \_\_\_\_\_  
 Have you ever been convicted of any law violation (except a minor traffic violation)? ..... Yes  No   
 If yes, give particulars \_\_\_\_\_  
 Have you missed any work during the past six months? ..... Yes  No   
 If yes, how much? \_\_\_\_\_  
 Are you now or do you expect to be engaged in any other business or employment? ..... Yes  No   
 If yes, please explain \_\_\_\_\_  
 Of what clubs, organizations, civic or other groups have you been a member in the last five years? (List offices held.) (Exclude any labor organizations or any organizations the name and character of which indicate race, color, religion, sex, age, national origin or ancestry of its members.)  
 For Driving Jobs only: Do you have a valid drivers license? .. Yes  No  Drivers License Number \_\_\_\_\_

### EDUCATION

Name, Address and Location of School	Highest Grade Completed	Did You Graduate?	Date of Leaving	GPA
High School:				
College or University:				
College Major :	Degree:			
Name, Address and Location of School	Courses Taken	Courses Completed	Date of Leaving	GPA
Additional Education and/or Vocational or Technical Training Information:				

### REFERENCES

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**WORK HISTORY**

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 supply business references. - PLEASE GIVE MONTH AND YEAR

Name of Present or Last Employer	Employed	Pay	Titles and Duties	Reason for Leaving	Name of Supervisor
	From	Start			
Address					
City, State, Zip Code	To	Final			
Telephone					
Name of Employer	Employed	Pay	Titles and Duties	Reason for Leaving	Name of Supervisor
	From	Start			
Address					
City, State, Zip Code	To	Final			
Telephone					
Name of Employer	Employed	Pay	Titles and Duties	Reason for Leaving	Name of Supervisor
	From	Start			
Address					
City, State, Zip Code	To	Final			
Telephone					
Name of Employer	Employed	Pay	Titles and Duties	Reason for Leaving	Name of Supervisor
	From	Start			
Address					
City, State, Zip Code	To	Final			
Telephone					

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable us to check your work record? ..... Yes  No

Are you presently employed? ..... Yes  No

If yes, may we contact your present employer? ..... Yes  No

Have you ever been fired from a job or asked to resign? ..... Yes  No

**SPECIAL SKILLS**

List computer hardware and/or software experience and knowledge \_\_\_\_\_

Do you type? ..... Yes  No  Words Per Minute \_\_\_\_\_

Do you have any other skills you wish to mention \_\_\_\_\_

**INVESTIGATIVE CONSUMER REPORT**

In making this application for employment, it is understood that an investigation may be made whereby information is obtained through personal interviews with your neighbors, friends, and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, and personal characteristics. You have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

**AFFIDAVIT**

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements are true and were made by me without any reservations. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of the termination. Finally, I understand that all company property must be returned and any indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck(s) all monies due and owing to the company.

Signature \_\_\_\_\_ Date \_\_\_\_\_