



# APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

*Instructions: If you need help to fill out this form or for any phase of the employment process, please notify the person that gave you this form.*

Date \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Alternate Phone (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_

**APPLICANT NOTE:** This application form is intended for use in assisting us in evaluating your qualifications for employment. This is not an employment contract. Please print all answers and answer all questions truthfully and completely. Any person found to have intentionally misrepresented or omitted any material fact herein, will automatically be disqualified from further consideration or employment. All qualified applicants will receive consideration for employment without discrimination based on age, sex, national origin or any other protected classification. A prior felony conviction will not automatically disqualify you from employment.

Affirmative action hiring may be requested by qualified applicants. Additional testing of skills directly related to essential job functions and testing for the presence of drugs or alcohol in your body may be required prior to employment.

Referred by:

\_\_\_\_ Walk-In    \_\_\_\_ Friend    \_\_\_\_ Advertisement    Other \_\_\_\_\_  
\_\_\_\_ Employee    \_\_\_\_ Employment Agency    \_\_\_\_ Relative    List source if other than self \_\_\_\_\_

Are you prevented from lawfully being employed in this country because of your visa or immigration status? \_\_\_\_ Yes \_\_\_\_ No

I attest, under penalty or perjury, that I am (check one):

- \_\_\_\_ 1. A citizen or national of the United States  
\_\_\_\_ 2. An alien lawfully admitted for permanent resident (Alien Number) A \_\_\_\_\_  
\_\_\_\_ 3. An alien authorized by the immigration and naturalization service to work in the United States  
(Alien Number) A \_\_\_\_\_

Have you applied here before? \_\_\_\_ Yes \_\_\_\_ No If so, what position and when? \_\_\_\_\_

For which position are you applying? \_\_\_\_\_ Salary desired \_\_\_\_\_

What category would you prefer? \_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_\_ Temporary When can you start? \_\_\_\_\_

For which schedules are you available? \_\_\_\_ Weekdays \_\_\_\_ Weekends \_\_\_\_ Evenings \_\_\_\_ Nights \_\_\_\_ Overtime \_\_\_\_ Shift \_\_\_\_ Other \_\_\_\_\_

## EDUCATION

	High School	College/University/Technical	Graduate/Professional
High School Name Location			
Years Completed or Credit Hours Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	Diploma GED		
Course of Study Major and Minor			
Describe Specialized Training, Apprenticeship, Skills and Extracurricular Activities			

## EMPLOYMENT HISTORY

List all employers in order with the last or present employer(s) first. Since we will make every effort to contact previous employers, please provide the correct telephone numbers and complete addresses.

Name, Address and Telephone Number	Dates of Employment	Annual Salary
	From / / To / /	Job Title
	Are you currently working for this employer Yes No    If yes, may we contact? Yes No	
	Supervisor's Name	
	Reason for Leaving:	
Principle Duties:		

Name, Address and Telephone Number	Dates of Employment	Annual Salary
	From / / To / /	Job Title
	Are you currently working for this employer Yes No    If yes, may we contact? Yes No	
	Supervisor's Name	
	Reason for Leaving:	
Principle Duties:		

Name, Address and Telephone Number	Dates of Employment	Annual Salary
	From / / To / /	Job Title
	Supervisor's Name	
	Reason for Leaving:	
Principle Duties:		

Name, Address and Telephone Number	Dates of Employment	Annual Salary
	From / / To / /	Job Title
	Supervisor's Name	
	Reason for Leaving:	
Principle Duties:		

1. Do you currently have a valid license to operate a motor vehicle in this state? ☐ Yes ☐ No
- a. Have you received any notice that such license may or will be suspended or revoked at any time in the future? ☐ Yes ☐ No
- b. Have you been at fault in causing or contributing to any motor vehicle accident(s) in the past five (5) years? ☐ Yes ☐ No

If yes, please explain your involvement in each accident. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Have you ever been bonded? ☐ Yes ☐ No

3. Have you used any names or Social Security Numbers other than those you have listed? ☐ Yes ☐ No

If yes, please list \_\_\_\_\_

4. Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No If yes, what Branch? \_\_\_\_\_

5. Have you been convicted of a felony and/or served time in the past seven (7) years for something other than drug possession or use?  
☐ Yes ☐ No

If so, please describe below. (In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.)

Incident	City/State	Charge

#### BUSINESS REFERENCES

Include only individuals familiar with your work ability. Do not list relatives.

Name	Address	Phone	Years Known	Relationship	Occupation

#### PERSONAL REFERENCES

Include only those individuals that are not related to you whom you have known for at least one year.

Name	Address	Phone	Years Known	Relationship	Occupation



### APPLICANT DATA RECORD

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

As an employer, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will kept in a confidential file separate from the Application for Employment.

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Walk-in \_\_\_\_\_ Employment Agency  
\_\_\_\_\_ Employee \_\_\_\_\_ Other \_\_\_\_\_