

EMPLOYMENT APPLICATION

INSTRUCTIONS:

- (1) If you need help filling out this application form, please notify the person who gave you this form and every reasonable effort will be made to meet your needs.
- (2) Please read the Notice to Applicant below.
- (3) Please complete all pages, writing your responses legibly, in ink. Use "N/ A" if a question does not apply to you. Incomplete or illegible applications may be rejected.
- (4) If you need more space, please use a separate piece of paper.
- (5) Your application will only be valid for 30 days.
- (6) You must sign the Applicant Certification at the end.

NOTICE TO APPLICANT: This application is intended to be used to evaluate your qualifications for employment. This is not an employment contract. If you do not answer all questions completely and accurately or if you provide false or misleading statements, either in this application or in an interview, if applicable, that will be grounds for terminating the application process or terminating employment if you have been hired. All applicants will be considered regardless of race, color, religion, sex, national origin, age, disability, or any other protected status under the law.

PERSONAL INFORMATION:

Date:	_ Social Security Numbe	r:	Email:	
Full Name:				
Position(s) Applied For:_				
Current Address:				
Home Phone:		_ Cell Phone:		
Driver's License/ID Ca	rd Number:	Issuing State:		
Other Names You Have				
Emergency Contact: _				
Are you Eligible to Work	in the United States:			
Dates of Previous Emplo	yment Here, if any:			
Dates of Previous Applic	eations Here, if any:			
AVAILABILITY:				
What date can you start	work:			
Describe the days and h	ours you are available to w	vork:		

EDUCATION:

Please state whether you have a high school diploma	or GED:
Please state whether you have attended any trade or vocational school, and if so, what school, what trade, and what certification or license did you obtain:	
Please state whether you have attended any college or university, and if so, what school and what degree(were earned:	(s)
Please describe any other education you have that may qualify for the position(s) sought:	
WORK HISTORY: Starting with your most recent employer, and in rever requested below relating to your prior work history.	rse chronological order, please provide the information Please also explain any gaps in employment.
Most Recent Employer Company/Employer:	Address:
Dates Employed:	Phone:
Supervisor:	Job Title:
Final Pay Rate:	May We Contact:
Reason for Leaving:	
Second Most Recent Employer Company/Employer:	Address:
Dates Employed:	Phone:
Supervisor:	Job Title:
Final Pay Rate:	May We Contact:
Reason for Leaving:	
Third Most Recent Employer	Address:
Company/Employer:	
Dates Employed:	Phone:
Supervisor:	Job Title:

Final Pay Rate:	e: May We Contact:	
Reason for Lea	eaving:	
	Recent Employer	
Company/Emp	ployer: Address:	
Dates Employe	ved: Phone:	
Supervisor:	Job Title:	
Final Pay Rate:	e: May We Contact:	
Reason for Lea	eaving:	
JOB SKILLS:		
Please describ	ibe any other job skills you have that qualify you for the position(s) you are seeking:	
	3	
PERSONAL REF	FERENCES:	
Please identify	by three personal references who are not current or former employers or relatives.	
Name:	Phone:	
Address:		<u> </u>
Name:	Phone:	
Addroso:		
Address:		
Name:	Phone:	
Address:		

CRIMINAL HISTORY:

Please note that a conviction record will not necessarily be a bar to employment. Factors such as a whether the offense relates to the duties of the position(s) sought, your age at the time of the offense, how long it has been since the offense, the seriousness and nature of the offense, and rehabilitation will all be considered.

lf	you	have	ever	been	convicte	ed, p	led	guilty,	pled	no	cont	est	or	nolo	conte	ndere,	placed	on
pro	bati	on/defer	red ad	ljudicat	tion, or p	aid a	fine,	or if y	ou are	curr	ently	aw	aitin	g trial	for an	y crim	inal offe	nse,
plea	ase	identify	the	offens	e, date	of th	ne o	ffense,	and	locat	tion	of	the	court.	You	need	not iden	itify
mir	or t	raffic of	fenses	s (Class	C Misd	emean	ors)											

<u>AUTHORIZATION TO INVESTIGATION</u>

I hereby authorize employer to contact and obtain information from all references, employers, and educational institutions, and to otherwise take action to verify the accuracy of the information in this application. I hereby release from liability the employer and its representatives for any act or omission taken in furtherance of verifying the accuracy of the information in this application. I hereby release from liability any person or entity who provides information to employer to verify the accuracy of the information in this application.

APPLICANT CERTIFICATION:

By signing below, I certify that:

- (1) I completed this application, and all information contained in the application is true and complete to the best of my knowledge;
- (2) I understand that failing to answer all questions completely and accurately or providing false or misleading statements-either in this application or in an interview, if applicable-will be grounds for terminating the application process or terminating employment;
- (3) If I am hired, my employment will be "at will," meaning that either I or the employer may terminate the employment relationship at any time, for any reason or no reason at all;
- (4) I understand that only ______ has the authority to enter into an employment agreement with me for any period of time, and that any such agreement must be in writing and signed;
- (5) I understand that I must successfully complete a pre-employment drug screening and/or pre-employment physical examination; and
- (6) I understand I will be required to provide verification of my identity and authorization to work in the United States.

the United States.	•		
Applicant Signature:			