

# \*\*\*EMPLOYMENT APPLICATION\*\*\*

Applicants are considered for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.



**(PLEASE PRINT)**

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

How did you learn about us?  Indeed.com  City Website  Relative/Friend  Employee  Advertisement  
 Social Media  Other: \_\_\_\_\_

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address Apt/Suite

City State Zip Code

E-Mail (Required): \_\_\_\_\_ Phone: \_\_\_\_\_

Best time to contact you is: ..... : \_\_\_\_\_ AM / PM

If you are under 18 years of age, can you provide proof of your eligibility to work? .....  Yes  No

Have you ever been employed with us before? .....  Yes  No

If Yes, please give date? \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes  No

Are you currently employed?  Yes  No May we contact your present employer? .....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?..  Yes  No

*Proof of citizenship or immigration status will be required upon employment*

Have you been convicted of a Felony in the past 10 years? .....  Yes  No

If Yes, please explain: \_\_\_\_\_

Do you have a valid driver's license? .....  Yes  No

Are you available to work:  Full time *(Please indicate:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> shift)*  
 Part Time *(Please indicate:  Mornings  Afternoons  Evenings)*  
 Temporary *(Please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)*  
 Seasonal *(Please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)*

Can you travel if the job requires it? .....  Yes  No

## EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

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Describe any job-related training received in the United States Military:

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# EMPLOYMENT EXPERIENCE

**Start with your present or last job.** Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**Employer 1:** \_\_\_\_\_  
Company / Individual

Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Pay: \$ \_\_\_\_\_  Hour  Salary Ending Pay: \$ \_\_\_\_\_  Hour  Salary

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer 2:** \_\_\_\_\_  
Company / Individual

Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Pay: \$ \_\_\_\_\_  Hour  Salary Ending Pay: \$ \_\_\_\_\_  Hour  Salary

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer 3:** \_\_\_\_\_

Company / Individual

Address: \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Pay: \$ \_\_\_\_\_  Hour  Salary Ending Pay: \$ \_\_\_\_\_  Hour  Salary

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer 4:** \_\_\_\_\_

Company / Individual

Address: \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Pay: \$ \_\_\_\_\_  Hour  Salary Ending Pay: \$ \_\_\_\_\_  Hour  Salary

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**List professional, trade, business, or civic activities and offices held:**

*You may exclude memberships which would reveal race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*


# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.


## Specialized Skills

(Check Skills/ Equipment Operated)

	Product/Mobile Machinery (List)	Other (List)
<input type="checkbox"/> PC/Mac <input type="checkbox"/> Microsoft Suite	_____	_____
<input type="checkbox"/> Keyboarding <input type="checkbox"/> Basic Office Equipment (WPM _____)	_____	_____
<input type="checkbox"/> Social Media <input type="checkbox"/> Other	_____	_____

State any additional information you feel may be helpful to us in considering your application


**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT  
THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? (A review of the activities involved in such a job or occupation has been given) .....  Yes  No

# PROFESSIONAL REFERENCES (Must list 3)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

# APPLICANT'S STATEMENT

I certify that answers given herein are true, honest and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond the time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documents or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

*Each section of this application MUST BE COMPLETED EVEN IF you decide to attach a resume.*

ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? .....  YES  NO      Initials: \_\_\_\_\_

ARE YOU WILLING TO CONSENT TO DRUG TESTING? .....  YES  NO      Initials: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_