



VARIOUS FEDERAL, STATE AND LOCAL LAWS PROHIBIT DISCRIMINATION BASED ON RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, GENDER IDENTITY, ANCESTRY, AGE, DISABILITY OR MARITAL STATUS. [COMPANY NAME] IS AN EQUAL OPPORTUNITY EMPLOYER AND YOUR RESPONSE TO ANY QUESTIONS WILL NOT BE USED AS A BASIS FOR DISCRIMINATION, BUT WILL BE JUDGED ON ITS RELEVANCE TO THE POSITION YOU ARE SEEKING.

**Personal Information**

**Date of Application:**

Name (last)			(first)			(middle)					
Home Address			City			State			Zip		
Cellular Telephone ( )			Home Telephone ( )			May we contact you during business hours of 8:00AM-5:00PM? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Position Applying for for: _____									Days and Hours Available		
Date Available: _____									Email Address:		
Are you interested in (check all that apply): <input type="checkbox"/> As Needed			Day			Mon.			Tues.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer			From								
			To								
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No				How did you hear about position?			
				What percent? _____ %				<input checked="" type="checkbox"/> Current employee <input type="checkbox"/> Social Media <input type="checkbox"/> Newspaper			

**Education**

Type of School	Name and Location of School			Degree/Area of Study	Number of Years Attended	Graduated (check one)
High School	Name		Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			
College	Name		Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			
Graduate School	Name		Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			
Other	Name		Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			

**U.S. Military Service**

Branch of Service	Technical Specialization	Rank Attained

**Legal**

Are you a U.S. citizen?  Yes  No If no, do you have a legal right and the necessary documents to work in the U.S.?  Yes  No  
*(Identity and employment eligibility of all new hire will be verified as required by the Immigration Reform and Control Act of 1986.)*

Were you ever discharged by any company?  Yes  No If yes, give name of company(ies):

\_\_\_\_\_

Reason for discharge:

\_\_\_\_\_

(CONTINUED)

## Employment History

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.

May we contact your present employer?  Yes  No Past employer?  Yes  No Please indicate if you were employed under a different name.

Dates	Name and Address of Employer			Position Held and Supervisor	List Major Duties	Salary or Wages	Reason for Leaving
From / To: (Month / Year)	Name	Address		Your job title		Starting	
	City	State	Zip	Supervisor		Final	
From / To: (Month / Year)	Name	Address		Your job title		Starting	
	City	State	Zip	Supervisor		Final	
From / To: (Month / Year)	Name	Address		Your job title		Starting	
	City	State	Zip	Supervisor		Final	
From / To: (Month / Year)	Name	Address		Your job title		Starting	
	City	State	Zip	Supervisor		Final	

Have you previously worked for [COMPANY NAME]  Yes  No

Name: \_\_\_\_\_ Location: \_\_\_\_\_

City & State: \_\_\_\_\_ Position held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## References

Business references: (do not list relatives - please indicate if you were employed under a different name)

Name	Email address	Contact Telephone #	Title	Years Known

**Please read carefully Acknowledgement:** In submitting this application for employment, I understand that a background investigation may be performed at the time of hire as well as again periodically as required by federal, state, local or the requirements of my position whereby information may be obtained regarding my previous employment, educational background, certification and licenses. I understand that I may be required to obtain a Physical Examination at the time of hire. Successful completion of all background screenings/examinations is a condition for employment as well as continued employment. In submitting this application for employment, I understand that a pre-employment drug/and alcohol screening may be requested as a condition for employment and at any time during my employment with [COMPANY NAME], I may be asked to have a drug/and or alcohol screening performed. I authorize anyone possessing this information to furnish to [COMPANY NAME] and/or a third party company upon request, and I release anyone so authorized, [COMPANY NAME] and any third party company from all liability and damages whatsoever in furnishing, obtaining or using said information.

In the event of employment, I understand that false or misleading information given in my application, resume, interview(s), background screenings, physical examinations may result in immediate dismissal. I understand, also, that I am required to abide by all policies and procedures of [COMPANY NAME].

At all times, employment with the Company is considered to be at-will, and the employment relationship may be terminated at any time for any reason by either party.

I understand that receipt of this application does not imply employment and that this application and/or any other document(s) are not contracts of employment.

**I ATTEST THAT THE INFORMATION PROVIDED BY ME ON THIS APPLICATION IS TRUE.**

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date