



## Employment Application

PLEASE PRINT OR TYPE

POSITIONS(S) APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_/\_\_\_\_/\_\_\_\_

REFERRAL SOURCE     ADVERTISEMENT     EMPLOYEE     RELATIVE     WALK-IN     OTHER \_\_\_\_\_

NAME OF SOURCE (IF APPLICABLE) \_\_\_\_\_

---

NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

ADDRESS \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

IF NECESSARY, THE BEST TIME TO CALL YOU AT HOME IS \_\_\_\_\_

MAY WE CONTACT YOU AT WORK? .....  YES  NO

IF YES, WORK NUMBER AND BEST TIME TO CALL ..... (\_\_\_\_) \_\_\_\_\_  
TIME

IF YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT?.....  YES  NO

HAVE YOU FILED AN APPLICATION WITH THIS COMPANY BEFORE? .....  YES  NO

IF YES, GIVE DATE ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED WITH THIS COMPANY BEFORE? .....  YES  NO

IF YES, GIVE DATES ..... FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? .....  YES  NO  
YES (PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

DATE AVAILABLE FOR WORK ..... / / \_\_\_\_\_

TYPE OF EMPLOYMENT DESIRED     FULL TIME     PART-TIME     TEMPORARY

ARE YOU ON A LAY-OFF AND SUBJECT TO RECALL? .....  YES  NO

WILL YOU WORK OVERTIME IF REQUIRED? .....  YES  NO

DRIVER'S LICENSE NUMBER (IF REQUIRED BY JOB) \_\_\_\_\_ STATE \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

# EMPLOYMENT HISTORY

LIST YOUR LAST FOUR (4) EMPLOYERS, ASSIGNMENTS OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT, INCLUDING MILITARY EXPERIENCE. EXPLAIN ANY GAPS IN EMPLOYMENT IN COMMENTS SECTION BELOW.

EMPLOYER TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE NATURE OF THE PERFORMED AND JOB
	FROM	TO	
ADDRESS			
IMMEDIATE SUPERVISOR AND TITLE			JOB TITLE
MAY WE CONTACT FOR REFERENCE? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> LATER			REASON FOR LEAVING
EMPLOYER TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE NATURE OF THE PERFORMED AND JOB
	FROM	TO	
ADDRESS			
IMMEDIATE SUPERVISOR AND TITLE			JOB TITLE
MAY WE CONTACT FOR REFERENCE? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> LATER			REASON FOR LEAVING
EMPLOYER TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE NATURE OF THE PERFORMED AND JOB
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ADDRESS			
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MAY WE CONTACT FOR REFERENCE? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> LATER			REASON FOR LEAVING
EMPLOYER TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE NATURE OF THE PERFORMED AND JOB
	FROM	TO	
ADDRESS			
IMMEDIATE SUPERVISOR AND TITLE			JOB TITLE
MAY WE CONTACT FOR REFERENCE? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> LATER			REASON FOR LEAVING

COMMENTS (INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT)

**SKILLS AND QUALIFICATIONS:** SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCES THAT MAY QUALIFY YOU FOR EMPLOYMENT.

**WORK AVAILABILITY:** Are you available for full time work? Yes No

Will you work overtime if asked? Yes No What date will you be available to begin work? \_\_\_\_\_

Circle the times during each day you would be available for work (N/A = Not Available to work that day)

Monday \*AM \*PM \*PMN \*N/A | Tuesday AM PM PMN N/A | Wednesday AM PM PMN N/A | Thursday AM PM PMN N/A | Friday AM PM PMN N/A | Saturday AM PM PMN N/A | Sunday AM PM PMN N/A

\*AM = 5:00 am - 12:00 pm \*PM = 12:00 pm - 6:00 pm \*PMN (Night) = 6:00 pm - 11:00 pm \*N/A Not Available

# EDUCATIONAL BACKGROUND

A. LIST LAST THREE (3) SCHOOLS ATTENDED, *STARTING WITH LAST ONE*. B. LIST NUMBER OF YEARS COMPLETED. C. INDICATE DEGREE OR DIPLOMA EARNED, IF ANY. D. GRADE POINT AVERAGE OR CLASS RANK AND E. MAJOR AND F. MINOR FIELD OF STUDY (IF APPLICABLE).

A. SCHOOL ATTENDED	B. NO. YEARS COMPLETED	C. DEGREE / DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

LIST ANY FOREIGN LANGUAGE (S) AND CHECK THE BOX THAT BEST DESCRIBES YOUR SKILL LEVEL.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

## REFERENCES

LIST NAME AND TELEPHONE NUMBER OF THREE BUSINESS/WORK REFERENCES WHO ARE *NOT* RELATED TO YOU AND ARE *NOT* PREVIOUS SUPERVISORS. IF NOT APPLICABLE, LIST THREE SCHOOL OR PERSONAL REFERENCES WHO ARE NOT RELATED TO YOU.

NAME	RELATIONSHIP	YEARS KNOWN	TELEPHONE
			( )
			( )
			( )

## ASSOCIATIONS

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ASSOCIATIONS AND ANY OFFICES HELD. (EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY OR OTHER PROTECTED STATUS.)

ORGANIZATION	OFFICES HELD

## ACCOMPLISHMENTS

LIST SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS. (EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, HANDICAP OR OTHER PROTECTED STATUS.)

\_\_\_\_\_

\_\_\_\_\_

LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER.

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

**(IF THERE IS ANY PART OF THIS STATEMENT YOU DO NOT UNDERSTAND,  
PLEASE ASK THE INTERVIEWER ABOUT IT BEFORE SIGNING THE STATEMENT)**

**CERTIFICATION** - I HEREBY CERTIFY THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT MIGHT ADVERSELY AFFECT MY CHANCES FOR EMPLOYMENT AND THAT THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I, THE UNDERSIGNED APPLICANT, HAVE PERSONALLY COMPLETED THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT ON THIS APPLICATION OR ON ANY DOCUMENTS USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE DISCHARGE IF I AM EMPLOYED, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

**REFERENCES** - I HEREBY AUTHORIZE THE COMPANY TO THOROUGHLY INVESTIGATE MY REFERENCES, WORK RECORDS, EDUCATION AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT AND, FURTHER, AUTHORIZE MY CURRENT AND FORMER EMPLOYERS TO DISCLOSE TO THE COMPANY ANY AND ALL LETTERS, REPORTS AND OTHER INFORMATION PERTAINING TO MY EMPLOYMENT WITH THEM, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE. IN ADDITION, I HEREBY RELEASE THE COMPANY, MY CURRENT AND FORMER EMPLOYERS, AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS AND ASSOCIATIONS FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

**AT WILL EMPLOYMENT** - I UNDERSTAND THAT NOTHING CONTAINED IN THE APPLICATION OR CONVEYED TO ME DURING ANY INTERVIEW WHICH MAY BE GRANTED IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT, IMPLIED OR EXPLICIT, BETWEEN ME AND THE COMPANY. IN ADDITION, I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, MY EMPLOYMENT RELATIONSHIP WITH THE COMPANY IS STRICTLY VOLUNTARY AND AT OUR MUTUAL WILL. I UNDERSTAND THAT IF EMPLOYED, MY EMPLOYMENT IS FOR NO DEFINITE OR DETERMINABLE PERIOD AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, WITH OR WITHOUT CAUSE OR REASON, AT THE OPTION OF EITHER MYSELF OR THE COMPANY, AND THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON THE COMPANY UNLESS MADE IN WRITING AND SIGNED JOINTLY BY A PRINCIPAL OF THE COMPANY, A DEPARTMENT MANAGER AND MYSELF.

**ARBITRATION OF DISPUTES** - FURTHERMORE, IF EMPLOYED, I AGREE THAT ANY DISPUTE ARISING OUT OF THE TERMINATION OF OUR EMPLOYMENT RELATIONSHIP SHALL BE RESOLVED PURSUANT TO MANDATORY BINDING ARBITRATION AT THE WRITTEN REQUEST OF EITHER THE COMPANY OR MYSELF. THIS AGREEMENT PROVIDES THAT SUCH ARBITRATION SHALL COMPLY WITH AND BE GOVERNED BY THE RULES OF THE JUDICIAL ARBITRATION AND MEDIATION SERVICES, AND THAT ANY ARBITRATION AWARD ARISING FROM SUCH DISPUTE SHALL BE LIMITED TO BACK PAY ONLY.

I UNDERSTAND AND AGREE THAT ANY FUTURE CHANGES IN MY TITLE, DUTIES, COMPENSATION, WORKING CONDITIONS, AND/OR COMPANY BENEFITS, POLICIES AND PROCEDURES WILL NOT ALTER OUR AT-WILL AND ARBITRATION AGREEMENTS.

**PROOF OF LEGAL RIGHT TO WORK** - I UNDERSTAND THAT IF OFFERED EMPLOYMENT, I WILL, AS A CONDITION OF EMPLOYMENT, BE REQUIRED TO SUBMIT PROOF OF MY IDENTITY AND LEGAL RIGHT TO WORK IN THE UNITED STATES ON MY FIRST DAY OF EMPLOYMENT.

**VALID DRIVER'S LICENSE** - IF THE POSITION APPLIED FOR REQUIRES DRIVING IN THE COURSE OF WORK, I UNDERSTAND THAT I WILL BE REQUIRED TO POSSESS A CURRENT AND VALID DRIVER'S LICENSE AND UNDERSTAND THAT I WILL BE REQUIRED TO PROVIDE A COPY OF MY OFFICIAL DRIVING RECORD AND PROOF OF INSURANCE. I ALSO UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONTINGENT ON MY ABILITY TO BE COVERED BY THE COMPANY'S AUTO INSURANCE, IF REQUIRED FOR MY POSITION.

**EQUAL OPPORTUNITY EMPLOYMENT** - THE COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE IN EMPLOYMENT. NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT'S CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_