



An Equal Opportunity Employer

We do not discriminate on the basis of race, religion, national origin, color, sex, age veteran status or disability. It is our intention that all applications be given equal opportunity and that selection decisions are based on job related factors.

**APPLICATION FOR EMPLOYMENT**

Each question should be fully and accurately answered. No action can be taken on this application until **ALL** questions have been answered. All questions must be answered even though you may include a resume. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on last page of application.

Date \_\_\_\_\_

( )

Last Name	First Name	Middle Initial	Telephone #
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Present Street Address	City	State	Zip Code	How Long?
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Job Applying for: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Are you seeking: Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_

Date available to begin work \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

How would you describe your overall physical condition? Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Can you prove your ability to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you ever employed here? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Have you ever applied here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_  
Driver's License Number & Class: \_\_\_\_\_ State: \_\_\_\_\_

Have you had your driver's license **suspended or revoked in the last 3 years?** Yes \_\_\_\_\_ No \_\_\_\_\_

EDUCATION:	Highest Grade Completed	Diploma/Degree/Certificate?
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List Name and Address of School \_\_\_\_\_

High School (or GED): \_\_\_\_\_

College or University: \_\_\_\_\_

Second College or University: \_\_\_\_\_

Vocational or Technical: \_\_\_\_\_

**REFERENCES:**

Give three former employment references include supervisors or managers only:

Name	Address	Telephone	Occupation
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\_\_\_\_\_

\_\_\_\_\_

What machines can you operate that are related to the job for which you are applying? \_\_\_\_\_

\_\_\_\_\_

What skills or additional training do you have that are related to the job for which you are apply? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK HISTORY**

List all names of employers in order, present employer first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and business references. PLEASE GIVE MONTH AND YEAR.

Present Employer	Employed From (Mo/Yr)	Pay Start \$	Job Title	Name/Title of Supervisor	Reason for Leaving
Address City State/Zip	To (Mo/Yr)	Final \$			
Telephone No.					May we contact?

Job Duties:

Employer	Employed From (Mo/Yr)	Pay Start \$	Job Title	Name/Title of Supervisor	Reason for Leaving
Address City State/Zip	To (Mo/Yr)	Final \$			
Telephone No.					May we contact?

Job Duties:

Employer	Employed From (Mo/Yr)	Pay Start \$	Job Title	Name/Title of Supervisor	Reason for Leaving
Address City State/Zip	To (Mo/Yr)	Final \$			
Telephone No.					May we contact?

Job Duties:

Employer	Employed From (Mo/Yr)	Pay Start \$	Job Title	Name/Title of Supervisor	Reason for Leaving
Address City State/Zip	To (Mo/Yr)	Final \$			
Telephone No.					May we contact?

Job Duties:

**AFFIDAVIT**

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration of employment and may result in my dismissal at a later date.

I understand that the employer may request an investigation consumer report or a criminal investigation from an outside reporting agency. These reports may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the reporting agencies so that I may obtain a complete disclosure of the nature and scope of the investigations. I understand that if I am extended an offer of employment it may be conditioned upon reported results of all investigations.

I authorize the investigation of all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any and all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT I MAY BE REQUIRED TO SUCCESSFULLY PASS A DRUG/ALCOHOL SCREENING EXAMINATION. I HEREBY CONSENT TO A PRE AND/OR POST EMPLOYMENT DRUG SCREEN AS A CONDITION OF MY EMPLOYMENT.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR SUPERVISOR USE ONLY**

Employed:  Yes  No Date of Employment \_\_\_\_\_

Full-Time  Part-Time  Temporary Job Title \_\_\_\_\_

Type of Pay:  Units  Hourly  Salary Rate of Pay: \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

Date \_\_\_\_\_

Name & Title