

# Employment Application (THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER)

To help us learn about your experience, abilities and interests, please complete this Employment Application as thoroughly as possible.

## PERSONAL INFORMATION

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Street Address</b>			<b>City</b>		<b>State</b>
<b>Home Phone</b>			<b>Cell Phone</b>		<b>Work Phone</b>
<b>Previous Address</b>					
<b>List Other Names You Have Used</b>					
<b>Social Security Number</b>		<b>Driver's License Number</b> (If applying for positions that require a valid drivers license)			

<b>Are you at least 18 years old?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If you are offered employment, can you submit verification of your right to legally work in the U.S.A.?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Has this company ever employed you?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES (Give date and location)
<b>Do you have any relative(s) employed by this company, or another division of this company?</b> (Having a relative employed by the company is not an automatic bar from employment. However the company reserves the right to refuse to assign relatives to positions that will create issues of safety, security, morale or conflicts of interest). <input type="checkbox"/> NO <input type="checkbox"/> YES (Please provide name and location)		
<b>Are you able to satisfactorily perform the essential functions of the job for which you are applying, with or without reasonable accommodation?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Please explain)		

## POSITION

<b>Position or requisition number</b>	<b>Date available</b>	<b>Minimum salary desired</b>
<b>Type of Employment</b> (Check all that apply)		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Day Shift <input type="checkbox"/> Swing Shift	<input type="checkbox"/> Grave Yard Shift <input type="checkbox"/> Temporary

## EMPLOYMENT HISTORY

List all former employers and account for periods of unemployment exceeding three months beginning with the present or most recent employment and working back to your first employment. Add any other pertinent information to the application on a separate sheet of paper.

<b>Name of employer</b>	<b>Starting date (mo./yr.)</b>	
<b>Address</b>	<b>Leaving date (mo./yr.)</b>	
<b>Job title and duties</b>	<b>Supervisor's name/title</b>	<b>Phone number (HR)</b>
<b>Reason for leaving</b>	<b>May we Contact</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	

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<b>Reason for leaving</b>	<b>May we Contact</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	

## U. S. Military Service

<b>Have you served in the U.S. armed forces?</b> (If yes, please describe relevant skills or experience) <input type="checkbox"/> NO <input type="checkbox"/> YES (Optional, please attach a DD214)
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## EDUCATION

SCHOOL NAME	ADDRESS	GPA (OUT OF)	MAJOR	CERTIFICATE AWARDED	DATES ATTENDED
HIGH SCHOOL					
COLLEGE					
COLLEGE OR GRADUATE SCHOOL					
TECHNICAL SCHOOL/ADDITIONAL SCHOOL					

## VOLUNTEER EXPERIENCE

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## PROFESSIONAL / BUSINESS REFERENCES

Name / Occupation	Address	Phone Number (s)

## REFERRAL SOURCE

Name of Referring Employee	Employee Title / Position	Department	Work Telephone Number
<input type="checkbox"/> <b>Advertisement</b> (Specify Publication / Website):			
<input type="checkbox"/> <b>Recruiter</b> (Name)		<input type="checkbox"/> <b>Employment agency</b> (Specify)	
<input type="checkbox"/> <b>Friend / Relative</b> (Name)		<input type="checkbox"/> <b>Other</b> (Specify)	

**Please read carefully. After you have completed this application you are required to sign the certification below.**

**I certify that all the information furnished on this form is true, complete and correct to the best of my knowledge. I understand and agree that any material misrepresented or facts deliberately omitted in my application may be justification for refusal of employment or termination if employed.**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_