



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer and we comply with applicable federal, state and local laws and ordinances which prohibit discrimination against qualified applicants and employees.

Position(s) Applied For: _____ How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____	Date of Application: _____
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Personal Information

Last Name	First Name	Middle Name	Social Security Number
Have you ever used another name for work, business or school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____			
Current Street	City	State	Zip
Home Phone Number: _____		Current Work Number: _____	
Permanent Street (if applicable)	City	State	Zip
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever filed an application with us before? <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No			
Have you ever been employed with us before? <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No			
On what date would you be available for work? _____			
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Overtime <input type="checkbox"/> Weekends			
Are there any hours or days that you cannot work? _____			
Can you travel if the job requires it? <input type="checkbox"/> Yes How often? _____ <input type="checkbox"/> No			
Can you relocate if the job requires it? <input type="checkbox"/> Yes Geographic Preference: _____ <input type="checkbox"/> No			
Do you currently use illegal drugs (for example: marijuana, cocaine, heroin, crack, speed, LSD, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you agree to be tested for the current illegal use of drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted, pled guilty or received court-ordered community service, deferred adjudication, probation or pre-trial diversion for any crime (misdemeanors and felonies)? <input type="checkbox"/> Yes <input type="checkbox"/> No You may be asked to verify any criminal record.			
If yes, please list all misdemeanors and felonies (other than parking tickets and minor driving violations) for which you have been convicted, pled guilty or received court-ordered community service, deferred adjudication, probation or pre-trial diversion.			
Year	Location	Type of Crime	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
(Conviction of a crime does not automatically prohibit consideration for employment).			
Have you served in the United States military <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list dates of service _____, highest ranks held _____ Rank at discharge _____			

Education

	Name and Address of School	Circle Number of Years Completed	Did you graduate?	Degree(s) received or Subject(s) studied
Elementary School		1 2 3 4 5 6 7 8		
High School		9 10 11 12		
College		1 2 3 4 5 6		
Trade or Vocational School		1 2 3 4		
Honors/Awards Received:				
Indicate all languages you can speak, read and/or write				
Language	Speak	Read	Write	
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Describe any specialized training, apprenticeship, skills and extracurricular activities which would assist in considering you for employment.				

Licenses and Certifications

Do you have any professional or vocational licenses (real estate, plumbing, electrician, air conditioning, pest control applicator, etc.) or certifications (such as, CAM, CAMT, CAPS, NALP or CPM) that relate to the job for which you are applying?

Yes No If yes, please describe below.

License or Certification	From what city, type of state agency or organization	Date Issued (if applicable)	License Number
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a license or certification (if any) revoked, suspended or curtailed? Yes No

If yes, please explain

Driving Record

Please answer the following questions if the position you are applying for requires driving a motor vehicle:

Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Number	Expiration Date	State of Issue
1. Do you have any restrictions or endorsements on your license? (Please list) _____			
2. Have you been convicted of or pled guilty to any traffic related offense within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all traffic violations: _____			
3. Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Please list all states from which you hold or have held a driver's license: _____			

Employment Experience

Provide all employment information for the past 10 years, or 5 employers, whichever is greater.

We contact an applicant's current and previous employers for verification of references.

Are you currently employed? Yes No May we contact your current employer at this time? Yes No If no, please explain _____

(Permission to contact your employer for a reference check will be required before hiring.)

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor's Name			
Reason for Leaving <input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Quit without Notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Other _____				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor's Name			
Reason for Leaving <input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Quit without Notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Other _____				

Employment Experience (continued)

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor's Name			

Reason for Leaving Resigned with Notice Quit without Notice Terminated Laid Off Other _____

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor's Name			

Reason for Leaving Resigned with Notice Quit without Notice Terminated Laid Off Other _____

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor's Name			

Reason for Leaving Resigned with Notice Quit without Notice Terminated Laid Off Other _____

Please explain all periods of unemployment between the above jobs _____

Have you ever been terminated from employment or asked to resign by any employer? Yes No If yes, please provide employer(s) and explanation _____

References

Not relatives or acquaintances of less than 2 years		
Name _____		
Address _____	Telephone Number(s) _____	
Name _____		
Address _____	Telephone Number(s) _____	
Name _____		
Address _____	Telephone Number(s) _____	
Name of present landlord _____	City _____	Phone _____
Name of previous landlord _____	City _____	Phone _____
Name of next previous landlord _____	City _____	Phone _____
(Limit to landlords in previous 24 months)		

Additional Information

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

Specialized Skills
Check Skills/Equipment Operated

<input type="checkbox"/> Computer	<input type="checkbox"/> FAX	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> Copy Machine	<input type="checkbox"/> Spreadsheet Software	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Word Processing Software	_____	_____
<input type="checkbox"/> Typewriter		_____	_____

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

Emergency Contact
In case of emergency contact _____

Address Work Phone Home Phone

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 the activities involved in the job you have applied for with or without a reasonable accommodation? Yes No

A description of the activities involved in such a job is attached.

Applicant's Authorization

I give the employer and authorized representatives the right to make a thorough investigation of any of the information I have provided and to perform reference/background checks. These investigations may involve contact with my family, current and former business associates and neighbors, as well as public authorities and others with whom I am acquainted.

Any conditional offer of employment may require that I undergo and pass a physical examination and/or substance abuse evaluation provided at the employer's expense, by a physician or approved by the employer. I understand that if I refuse to be tested, or if the drug test results are positive for the use of illegal drugs, I will not be considered for employment.

I understand that the employer may request that I take job-related written and skill tests (if applicable) for the job for which I am applying. I understand that if I refuse to be tested I will not be considered for employment.

I authorize all current and former employers, educational institutions and military authorities, whether or not listed on the application, to furnish the employer with complete information concerning my employment, academic transcripts, and service records. The information requested may include inquiries regarding my work habits, other related activities, abilities, character and the cause of my separation.

I release each of the above references and the employer and authorized representatives from any liability for damages that may result from the furnishing of or the use of any of this information.

I understand that, should the employer employ me, my employment is "at will". Employment at will means that I may resign my employment at any time, with or without reason or cause and that I may be terminated at any time by the employer, with or without reason or cause, with or without prior notice. The employer will not be liable for any wages, salary, or other benefits other than those earned prior to the termination of my employment. No written or oral offer of employment, or other benefits related to employment will be viewed as establishing an employment contract.

If employed, I will abide by the employer's current and continually modified policies, procedures and/or rules. I understand that the employer requires reliable attendance and job performance; I understand that the employer may require that I work various shifts and/or schedules. I understand that any employment is subject to a change in conditions, wages, benefits and company policies.

I understand that if the employer extends a conditional offer of employment, I may be asked to sign the following authorizations and/or documents:

- ▶ Authorization for Medical Exam
- ▶ Authorization to Test for the Current Use of Illegal Drugs
- ▶ Authorization to Obtain Consumer Reports (as required by the federal Fair Credit Act)
- ▶ Driver's License or other identification
- ▶ Federal I-9 Form including verification of right to work

I certify that all statements contained in this application (including attachments, if any) are true, correct and complete. If the employer, during its investigation of my application, or later if I am employed, discovers that statements have been omitted or are false, incomplete or misleading, I understand that I may receive no further consideration for employment and that this will result in grounds for dismissal.

I understand that completion of this application does not mean that I have been offered employment or an employment contract.

Applicant's Signature

Social Security Number

Street Address

Driver's License Number (or other identification)

City/State/Zip Code

State Issuing Driver's License (or other identification)