

# APPLICATION FOR EMPLOYMENT

## ABOUT OUR COMPANY

Thank you for your interest in applying for a job with our Company. Because of our commitment to offering the highest possible satisfaction to our customers, we are only interested in hiring the best. We want to have a complete understanding of your qualifications, motivations and interests, so that we can make careful and deliberate hiring decisions that will benefit both the Company and our employees. Please answer the following questions honestly, completely and thoughtfully. This application must be completed in full, even if you are attaching a resume. Incomplete applications will not be considered. The Company is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, sexual orientation, pregnancy, military status, national origin, ancestry, age, veteran status, disability, genetic information or any other legally-protected classification.

Date of Application \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Area Code Number If you are under 18 years of age, do you have a work permit? Yes \_\_\_ No \_\_\_

If you have ever worked under another name, please identify: \_\_\_\_\_

## YOUR JOB INTERESTS

Position Desired: \_\_\_\_\_ Date you can start work: \_\_\_\_\_

What starting salary or wage do you expect: \$ \_\_\_\_\_ /hr \$ \_\_\_\_\_ /wk \$ \_\_\_\_\_ /month

Are you available for full-time work? Yes \_\_\_ No \_\_\_ Are you available for part-time work: Yes \_\_\_ No \_\_\_

Are you willing to work any shift: Yes \_\_\_ No \_\_\_ If no, what shift(s) are you willing to work? \_\_\_\_\_

Are there any days and/or times of the week when you would not be available to work? Please specify: \_\_\_\_\_

How did you learn of this job opening? \_\_\_\_\_

Have you ever worked for this Company before? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_ Who was your supervisor? \_\_\_\_\_

Why did you leave? \_\_\_\_\_ Do you know anyone who works here? Yes \_\_\_ No \_\_\_ Who? \_\_\_\_\_

Have you applied to work with us before? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

## YOUR EDUCATION AND TRAINING

Please Circle Highest Grade Completed:

1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4 5	1 2 3 4
Grade School	High School	College	Trade/Tech

What was the last school you attended? \_\_\_\_\_  
 Did you graduate? \_\_\_\_\_ What degree(s) have you achieved? \_\_\_\_\_

What extracurricular activities did you participate in, or special skills did you acquire, at the above-circled school(s) that might be helpful with the job for which you are applying? \_\_\_\_\_

YOUR WORK EXPERIENCE

Beginning with your present or most recent employer, describe your employment experiences below:

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you on layoff and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, to where? \_\_\_\_\_

1. Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name and Title of Supervisor: \_\_\_\_\_  
month/year month/year

Description of Your Work and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Will you receive a satisfactory reference from this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "No," please explain: \_\_\_\_\_

May we contact your present employer at this time: Yes \_\_\_\_\_ No \_\_\_\_\_

If "No," please explain: \_\_\_\_\_

2. Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name and Title of Supervisor: \_\_\_\_\_  
month/year month/year

Description of Your Work and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Will you receive a satisfactory reference from this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "No," please explain: \_\_\_\_\_

3. Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name and Title of Supervisor: \_\_\_\_\_  
month/year month/year

Description of Your Work and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Will you receive a satisfactory reference from this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "No," please explain: \_\_\_\_\_

4. Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name and Title of Supervisor: \_\_\_\_\_  
month/year month/year

Description of Your Work and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Will you receive a satisfactory reference from this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "No," please explain: \_\_\_\_\_

Please use additional sheets as necessary for additional employment information.

PERSONAL INFORMATION

If you are hired, can you submit verification of your legal right to work in the United States (e.g., driver's license, passport, visa, green card)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been discharged or asked to resign by an employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

A record of criminal conviction will not necessarily be a bar to employment, since the Company will consider factors such as age and time of the offense, when it occurred, the nature and seriousness of the violation, and the evidence of rehabilitation in making any employment decision.

Please complete this section if the job for which you are applying might require you to drive Company vehicles.

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ License number and state: \_\_\_\_\_

Have you had any accidents in the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give details: \_\_\_\_\_

Have you been cited for any moving violations in the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your driver's license ever been suspended, revoked, denied or cancelled? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

YOUR MILITARY EXPERIENCE

Completing this section of the application is optional. Leave this area blank if you do not wish to answer.

Have you ever been in the United States Armed Services?

Yes \_\_\_\_\_ No \_\_\_\_\_ What branch? \_\_\_\_\_

Describe any skills you acquired in the Service that would be useful to the job for which you are applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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YOUR REFERENCES

List the names of any professional references who have known you for at least three years. Please do not list relatives or employers.

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

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**PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING AND INITIALING AFTER EACH PARAGRAPH**

***By signing below and initialing after each paragraph, I certify that I have read, understand and agree to each of the following statements:***

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information that, if known to the Company, would affect my application unfavorably. If I am hired by the Company, and if the Company discovers at any time during my employment that any of the statements or answers on this application are false, misleading or incomplete, I may be dismissed immediately from my job.

\_\_\_\_\_  
(Initial Here)

This employment application will be considered active for ninety (90) days from the date below. If I want to be considered for a job with the Company after this period of time I must fill out another application. If hired, I understand that this application becomes part of my official employment record. In consideration of my employment with the Company, I agree to abide by all the Company's rules and regulations.

\_\_\_\_\_  
(Initial Here)

If I am extended an offer of employment, I agree to submit to a medical examination that may include testing for drugs or alcohol prior to beginning work with the Company and I understand that any offer of employment is conditioned upon passing such medical examination and/or testing. I understand that if I am employed by the Company, I may be required, when job related and consistent with the Company's business needs, to undergo a medical examination. I further understand that I may be required to submit to an alcohol or drug test at any time.

\_\_\_\_\_  
(Initial Here)

I understand that nothing in this employment application creates a contract of employment between the Company and me. If I am hired by the Company, my employment and compensation are "at will," which means that my employment can be terminated, either by the Company or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, that is not an at-will agreement. Only the President of the Company has the authority to enter into an employment agreement with me for any specified period of time.

\_\_\_\_\_  
(Initial Here)

I agree to release to the Company or its designated agents, all medical information, including but not limited to files, reports, x-rays, evaluations and opinions held by medical personnel, to the extent such information is job-related and consistent with the Company's business needs, and agree to execute the necessary HIPAA-compliant release. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment.

\_\_\_\_\_  
(Initial Here)

In the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.

\_\_\_\_\_  
(Initial Here)

I give the Company my permission to conduct any investigation regarding the information contained in my employment application that the Company thinks is necessary to determine my qualifications for assuming a job with the Company. I give the Company my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education or employment record, and I give my consent to any such source to release to the Company whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me.

\_\_\_\_\_  
(Initial Here)

**In exchange for the Company considering my application, I agree that any claim or lawsuit I have now or in the future against the Company its subsidiaries, successors, assigns, managers, employees and/or agents must be filed by me within one year from the date of the act or omission that is the subject of my claim or lawsuit, or within the applicable statute of limitations, whichever time period is shorter. Thus, I expressly waive any statute of limitations period for any such claim or lawsuit longer than one year, regardless of the nature of the claim or action. As further consideration for these promises by me, the Company agrees to waive any statute of limitations period longer than one year from the date of the act or omission that is the subject of any claim or lawsuit it might file against me.**

\_\_\_\_\_  
(Initial Here)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature