



## APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Are you at least 18 years old?  Yes  No Social Security Number: \_\_\_\_\_

Are you authorized to work in the U.S. on an unrestricted basis?  Yes  No

How did you hear about this job opening?

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Have you worked here before?  Yes  No When can you start? \_\_\_\_\_

Have you been informed of the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job?  Yes  No

Can you perform these essential functions with or without reasonable accommodation?  Yes  No

Are you willing to work overtime as needed?  Yes  No

Have you ever been convicted of a felony?  Yes  No

(Note: conviction will not necessarily disqualify an applicant for employment)

If yes, please describe condition:

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EDUCATION	Name & Location of School	Last Year Attended or Year Graduated	Major	Diploma Degree
High School				
College				
Trade School				

Other Training/Education:

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In addition to your work history, what other experiences, skills, or qualifications would especially fit you for work with our company?

**WORK HISTORY**

Most Recent Employer:	Address:	Phone Number:
Date Started:	Starting Pay:	Starting Position:
Date Left:	Pay upon Leaving:	Position upon Leaving:
Supervisor Name and Title:	May we contact your employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:
Description of Duties:		

**WORK HISTORY (Continued)**

Previous Employer:	Address:	Phone Number:
Date Started:	Starting Pay:	Starting Position:
Date Left:	Pay upon Leaving:	Position upon Leaving:
Supervisor Name and Title:	May we contact your employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:
Description of Duties:		

Previous Employer:	Address:	Phone Number:
Date Started:	Starting Pay:	Starting Position:
Date Left:	Pay upon Leaving:	Position upon Leaving:
Supervisor Name and Title:	May we contact your employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:
Description of Duties:		

Previous Employer:	Address:	Phone Number:
Date Started:	Starting Pay:	Starting Position:
Date Left:	Pay upon Leaving:	Position upon Leaving:
Supervisor Name and Title:	May we contact your employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:
Description of Duties:		

**Applicants Certification and Agreement**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentation may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application and release the Company from liability. I understand that employment at this company is "at-will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president in a signed writing has any authority to alter the foregoing.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_