

# Application for Employment



Name:	Today's Date:
Present Address:	
Home Telephone:	Alternate Telephone:
If you are under 18, can you provide an employment/age certification or state ID? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are you eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date available for work:	
Position desired:	Salary desired:
How many hours can you work weekly?:	Can you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn about our company?	
Employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Full- or Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	

<b>Background Information*</b>
Have you ever been convicted, pled guilty, or pled "no contest" to a felony, misdemeanor, or traffic violation (except parking tickets)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," explain the number of convictions, nature of the offenses leading to convictions, how recently such offenses were committed, sentences imposed, and types of rehabilitation:
Do you currently have any pending charges? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please explain:
Are you now or have you ever been on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please provide court documents and explain:
*Criminal history does not necessarily disqualify an applicant from employment.

**Education**

For each level of schooling listed below, please give the school name, city, state where located, the year(s) attended, your major and minor subjects, and degree(s) or certification(s) received. Please list any aliases or maiden names under which you attended any of the listed educational facilities, or obtained certifications or degrees.

Type of School	Name of School	Location (complete address)	Number of years attended	Major, degree, or certification obtained
High School				
College/University				
Business or Trade School				
Professional School				
Other				

**Military Service (optional)**

Have you ever been in the Military?  Yes  No

Specialty:		Date Entered:		Discharge Date:	
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Were you honorably discharged?  Yes  No

If "No," please explain:

Please attach a copy of your DD-214.

**Business-Related References**

Name	Title	Relationship	Phone	Years Known

<b>Work Experience</b>			
Employer:			Job Title:
Dates Employed:	From:	To:	Previous Position within the company, if any:
Address:			
Phone:		Supervisor:	Supervisor's Title:
Starting Salary:		Ending Salary:	
Duties Performed:			
Reason for Leaving:			

Employer:			Job Title:
Dates Employed:	From:	To:	Previous Position within the company, if any:
Address:			
Phone:		Supervisor:	Supervisor's Title:
Starting Salary:		Ending Salary:	
Duties Performed:			
Reason for Leaving:			

Employer:			Job Title:
Dates Employed:	From:	To:	Previous Position within the company, if any:
Address:			
Phone:		Supervisor:	Supervisor's Title:
Starting Salary:		Ending Salary:	
Duties Performed:			
Reason for Leaving:			

## Application Form Waiver

*Please read carefully.*

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the Company may request from a Consumer Reporting Agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company may be subject to a probationary period. I understand that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Applicant Signature:	Date:
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**This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.**

**Thank you for completing this application form and for your interest in our business.**