

EMPLOYMENT APPLICATION

Notice to Applicant: We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, citizenship, age, physical, or mental disability or any other characteristics.

Personal Information

Name: _____ Social Security Number: _____
(Last) (First) (MI)

Driver's License Number: _____ State of Driver's License Issuance: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Have you ever filed for bankruptcy? _____ If so, when and what type? _____

Have you ever been convicted of a crime? _____

If so, please explain: _____

Do you use illegal drugs? _____ Do you engage in the distribution or sale of illegal drugs? _____

Are you legally entitled to work in the United States? _____

Position Information

Position Applying For: _____ Salary Desired: _____ If hired, when can you start? _____

Can you work overtime? _____ Are there any days you cannot work? _____

If so, what days? _____

Would you like to be considered for other positions? _____ If so, what positions? _____

Have you ever worked for this organization? _____ If so, date(s): _____

Prior Position(s): _____ Reason for Leaving: _____

Education (please list from present to past)

Degree or # of Years

_____	_____
_____	_____
_____	_____

Achievements/Awards/Licenses/Certificates (please print)

Abilities/Areas of Expertise

Employment History (please list current position first)

Current Employer: _____ Phone Number: _____

Address (Include City and State): _____

Position: _____ Supervisor: _____

From: _____ To: _____ Salary: _____

Previous Employer: _____ Phone Number: _____

Address (Include City and State): _____

Position: _____ Supervisor: _____

From: _____ To: _____ Salary: _____

Previous Employer: _____ Phone Number: _____
Address (Include City and State): _____
Position: _____ Supervisor: _____
From: _____ To: _____ Salary: _____

Personal References

1.) Name: _____ Relationship to Applicant: _____
Years Known: _____ Phone Number: _____ Email: _____

2.) Name: _____ Relationship to Applicant: _____
Years Known: _____ Phone Number: _____ Email: _____

3.) Name: _____ Relationship to Applicant: _____
Years Known: _____ Phone Number: _____ Email: _____

Emergency Contact

Name: _____ Relationship to Applicant: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Phone Number: _____

Acknowledgment (please read carefully)

I hereby certify that the information contained in this application form and in any attachments listed below (hereafter made a part of this application) is true and correct to the best of my knowledge and agree to have any of the statements checked by the organization unless I have indicated to the contrary. I authorize the references listed above to provide the company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the organization or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

Signature: _____ Date: _____

Acknowledgment of At Will Employment (please read carefully)

I acknowledge that if hired, I will be an at will employee. I will be subjected to dismissal or discipline without notice or cause, at the discretion of the employer. I understand that no representative of the company, other than the president, has authority to change the terms of an at will employment and that any such change can occur only in a written employment contract.

Signature: _____ Date: _____