

# EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. We comply with all applicable Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

| BACKGROUND INFORMATION                                                                                                                                                                                                             |       |                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------|
| Last Name                                                                                                                                                                                                                          | First | Middle                                |
| Street Address                                                                                                                                                                                                                     |       | Date of Application                   |
| City, State, Zip                                                                                                                                                                                                                   |       | Home Phone<br>( )                     |
| Were you previously employed by this organization?<br><input type="checkbox"/> Yes, Date (s) Department <input type="checkbox"/> No                                                                                                |       | How Long at Present Address?          |
| Have you previously applied for work to this organization?<br><input type="checkbox"/> Yes, Date (s) <input type="checkbox"/> No                                                                                                   |       | Social Security No.                   |
| Position Applying For                                                                                                                                                                                                              |       | Driver's License No. (If applicable)* |
| Check the following options which you would consider:<br><input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Co-op |       | Wages Desired                         |
| In case of emergency notify:                                                                                                                                                                                                       |       | Phone<br>( )                          |
|                                                                                                                                                                                                                                    |       | Date available for work               |

| EDUCATION AND TRAINING                                                                                                                                            |                             |                 |                        |                                                             |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------|------------------------|-------------------------------------------------------------|-------------------|
| SCHOOL                                                                                                                                                            | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | NO. OF YEARS COMPLETED | DID YOU GRADUATE                                            | DIPLOMA OR DEGREE |
| HIGH SCHOOL                                                                                                                                                       |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
| COLLEGE OR UNIVERSITY                                                                                                                                             |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
| COLLEGE OR UNIVERSITY                                                                                                                                             |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
| TRADE SCHOOL                                                                                                                                                      |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
| APPRENTICE SCHOOL                                                                                                                                                 |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
| List any other education, training, special skills or certificates/licenses that you possess which are relevant to the position for which you have applied: _____ |                             |                 |                        |                                                             |                   |
| List any machines or equipment that you are qualified and experienced at operating which are relevant to the position for which you have applied: _____           |                             |                 |                        |                                                             |                   |

\* Applicable only if job for which you have applied may require driving a motor vehicle.

| <b>EXPERIENCE - LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH THE MOST RECENT.</b> |                                             |                                                                             |                                                                                   |  |  |
|---------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|--|
| 1                                                                                     | Company Name                                | Type of Business                                                            | Phone No.<br>(     )                                                              |  |  |
|                                                                                       | Address                                     | Employed (Month and Year)<br>From                                           |                                                                                   |  |  |
|                                                                                       | Name and Title of Supervisor                | May We Contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Employed<br><input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |  |  |
|                                                                                       | State Last Job Title and Describe Your Work | Wages<br>Starting _____ Last _____                                          |                                                                                   |  |  |
|                                                                                       |                                             | Reason for Leaving                                                          |                                                                                   |  |  |
|                                                                                       |                                             |                                                                             |                                                                                   |  |  |
|                                                                                       |                                             |                                                                             |                                                                                   |  |  |
| 2                                                                                     | Company Name                                | Type of Business                                                            | Phone No.<br>(     )                                                              |  |  |
|                                                                                       | Address                                     | Employed (Month and Year)<br>From                                           |                                                                                   |  |  |
|                                                                                       | Name and Title of Supervisor                | May We Contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Employed<br><input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |  |  |
|                                                                                       | State Last Job Title and Describe Your Work | Wages<br>Starting _____ Last _____                                          |                                                                                   |  |  |
|                                                                                       |                                             | Reason for Leaving                                                          |                                                                                   |  |  |
|                                                                                       |                                             |                                                                             |                                                                                   |  |  |
|                                                                                       |                                             |                                                                             |                                                                                   |  |  |
| 3                                                                                     | Company Name                                | Type of Business                                                            | Phone No.<br>(     )                                                              |  |  |
|                                                                                       | Address                                     | Employed (Month and Year)<br>From                                           |                                                                                   |  |  |
|                                                                                       | Name and Title of Supervisor                | May We Contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Employed<br><input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |  |  |
|                                                                                       | State Last Job Title and Describe Your Work | Wages<br>Starting _____ Last _____                                          |                                                                                   |  |  |
|                                                                                       |                                             | Reason for Leaving                                                          |                                                                                   |  |  |
|                                                                                       |                                             |                                                                             |                                                                                   |  |  |
|                                                                                       |                                             |                                                                             |                                                                                   |  |  |

| SKILLS AND QUALIFICATIONS                                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| Have you had any other experiences or qualifications in addition to those indicated above which relate to the job for which you are applying? |  |
|                                                                                                                                               |  |
|                                                                                                                                               |  |
|                                                                                                                                               |  |
|                                                                                                                                               |  |

| REFERENCES - List business persons known, but not related to you, other than listed above. |  |       |          |           |             |
|--------------------------------------------------------------------------------------------|--|-------|----------|-----------|-------------|
| NAME                                                                                       |  | TITLE | BUSINESS | PHONE NO. | YEARS KNOWN |
| 1                                                                                          |  |       |          |           |             |
| 2                                                                                          |  |       |          |           |             |
| 3                                                                                          |  |       |          |           |             |
| 4                                                                                          |  |       |          |           |             |

### ADDITIONAL EMPLOYMENT - RELATED INFORMATION

NAME

RELATIONSHIP

List any relatives or friends working for this organization: \_\_\_\_\_  
\_\_\_\_\_

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. citizenship, or by some other means? ☐ Yes ☐ No

If you are under 18, are you able to furnish a work permit? ☐ Yes ☐ No

Have you been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? ☐ Yes ☐ No

If "yes", please describe in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(A conviction record will not necessarily be a bar to employment.)

Additional Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

### APPLICANT'S CERTIFICATION - Please read carefully before signing.

I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that, if I become employed, a misrepresentation or omission of fact in this application may result in my discharge from employment.

I authorize the company, as part of its evaluation of my suitability for employment, to contact all school officials, references, and my previous supervisors to secure information concerning my skills, character, and ability.

I further acknowledge and agree that no manager or representative of the Company has any authority to enter into any employment agreement.

I understand and agree that, if I am employed, I will be an **at-will** employee and the Company may terminate my employment at any time and for any or no reason without prior notice.

Applicant's Signature

Date