

## APPLICATION



## FOR EMPLOYMENT

## APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete both pages.
3. If more space is needed to complete any question, use the comments section at the bottom of this page.
4. Print clearly; incomplete or illegible applications will not be processed.
5. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
6. DO NOT fill out any other attached forms or pages until instructed.

TODAY'S DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PRIOR ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

## APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

## AVAILABILITY

For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_ What category would you prefer? ☐ Full-time ☐ Part-time ☐ Temporary ☐ Labor Pool

For which schedules are you available? ☐ Weekdays ☐ Weekends ☐ Evenings ☐ Nights ☐ Overtime ☐ Shift ☐ Other \_\_\_\_\_

## JOB-RELATED SKILLS

**NOTE: DO NOT FILL OUT ANY OF THIS SECTION YOU BELIEVE TO BE NON-JOB RELATED.**

☐ Yes ☐ No If the job requires, do you have the appropriate valid driver's license?  
Name of License \_\_\_\_\_ DL # \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

☐ Yes ☐ No Have you had any moving violations? Please describe \_\_\_\_\_  
Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company

☐ Yes ☐ No Have you been given a job description or had the requirements of the job explained to you?

☐ Yes ☐ No Do you understand these requirements?

☐ Yes ☐ No Can you perform the requirements of this job with or without reasonable accommodation?

List languages in which you are fluent \_\_\_\_\_

List states and countries of residence for the past seven years \_\_\_\_\_

## SECURITY

☐ Yes ☐ No Have you used any names or Social Security Numbers other than give above? If so, please list in comments below.

☐ Yes ☐ No Have you been convicted of, or served time for a felony in the past seven years? If so, please describe in the boxes below. (In accordance with company policy this information will be received for job relatedness and time since last conviction.)

INCIDENT

CITY/STATE

CHARGE

## COMMENTS

## EMPLOYMENT HISTORY

AN EMPLOYER'S CURRENT PHONE OR FAX NUMBER IS MANDATORY.

### MOST RECENT EMPLOYER

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

☐ Yes ☐ No Are you currently working for this employer? ☐ Yes ☐ No If yes, may we contact?

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
FROM TO

Duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Per \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
\$ HOUR, WEEK, MONTH

### SECOND MOST RECENT EMPLOYER

☐ Yes ☐ No Are you currently working for this employer? ☐ Yes ☐ No If yes, may we contact?

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
FROM TO

Duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Per \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
\$ HOUR, WEEK, MONTH

### THIRD MOST RECENT EMPLOYER

☐ Yes ☐ No Are you currently working for this employer? ☐ Yes ☐ No If yes, may we contact?

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
FROM TO

Duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Per \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
\$ HOUR, WEEK, MONTH

## REFERENCES

INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY. DO NOT INCLUDE RELATIVES.

1. \_\_\_\_\_  
NAME ADDRESS / PHONE YEARS KNOWN / RELATIONSHIP

2. \_\_\_\_\_  
NAME ADDRESS / PHONE YEARS KNOWN / RELATIONSHIP

## EDUCATION

Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name: \_\_\_\_\_

HIGH SCHOOL CITY / STATE GRADUATE? Y OR NO DEGREE?

COLLEGE CITY / STATE GRADUATE? Y OR NO DEGREE?

OTHER CITY / STATE GRADUATE? Y OR NO DEGREE?

## CERTIFICATION & RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or their agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.