

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY: It is the policy of employer to prohibit unlawful discrimination on the basis of any characteristic protected by applicable local, state, or federal law. If you believe your equal employment rights have been violated, you may contact the appropriate state or federal EEO agency.

PLEASE PRINT

Full Name		Social Security Number	
Current Address	City	State	Zip Code
Telephone		Previous Address	
City		State	Zip Code
How long (MO / YR to MO / YR)? From ___ / ___ to ___ / ___		What position or type of work are you seeking?	
How did you learn of the position that you are seeking?		Are you over 18 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you interested in: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> On-Call		What days and hours are you willing to work?	
Willing to work overtime? <input type="checkbox"/> No <input type="checkbox"/> Yes		What pay do you expect? \$ _____ per _____	
Date available to work:		Are you presently on layoff from another job and subject to recall? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you applied here before? <input type="checkbox"/> No <input type="checkbox"/> Yes - When: _____		Have you previously been employed here? <input type="checkbox"/> No <input type="checkbox"/> Yes - When: _____ Under what name: _____	
Are you presently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes		Do you have relatives working here (will not necessarily disqualify employment)? <input type="checkbox"/> No <input type="checkbox"/> Yes - Name: _____ Relationship: _____	
May we inquire of your employer? <input type="checkbox"/> No <input type="checkbox"/> Yes			

EDUCATION AND SKILLS

Check the boxes that indicate all levels of completed education:

<input type="checkbox"/> High School Graduate or GED	<input type="checkbox"/> Some College	School _____	<input type="checkbox"/> Trade or Business School	School _____
	<input type="checkbox"/> College Graduate	Degree _____		Field of Study _____
		Major _____		

List certificates or licenses you hold, or specialized training you have completed that may help qualify you for employment:

List equipment you operate that may help qualify you for employment:

List job-related professional or technical organizations to which you belong:

GENERAL INFORMATION

What do you expect to be doing in five years?	Based on today's prices and wages, what monthly income do you expect to be earning in five years?
What has been your most interesting work?	What made it interesting?
What work experience did you dislike most?	Why did you dislike it?

Can you, if employed, submit verification of your right to work in the United States?

No Yes

COMPLETE REVERSE SIDE OF THIS FORM

EMPLOYMENT HISTORY/PERSONAL REFERENCES

List ALL periods of employment, self-employment, U.S. military service, volunteer work, and/or non-employment starting with the MOST RECENT FIRST. Personal references may be listed following employment history—please do not list relatives.

From	Employer	Position/Duties
	Address and Telephone Number	Supervisor's Name
To		Reason for Leaving
From	Employer	Position/Duties
	Address and Telephone Number	Supervisor's Name
To		Reason for Leaving
From	Employer	Position/Duties
	Address and Telephone Number	Supervisor's Name
To		Reason for Leaving
From	Employer	Position/Duties
	Address and Telephone Number	Supervisor's Name
To		Reason for Leaving
From	<input type="checkbox"/> Employer <input type="checkbox"/> Personal Reference	Position/Duties (Describe relationship if personal reference)
	Address and Telephone Number	Supervisor's Name
To		Reason for Leaving
From	<input type="checkbox"/> Employer <input type="checkbox"/> Personal Reference	Position/Duties (Describe relationship if personal reference)
	Address and Telephone Number	Supervisor's Name
To		Reason for Leaving

CERTIFICATION AND ACKNOWLEDGMENT

I certify that all information submitted in this application form, or in any resumé, interview, or other information, is true and complete and that I have not knowingly withheld, nor will I withhold, any information that would affect my application for employment. I understand that employer is under no obligation to consider or reconsider this application at any time, and that acceptance of my application does not constitute an offer of employment. I also understand and agree that:

1. Inquiries may be made with my previous employers or others who may have knowledge of me, or with consumer credit, investigative, or other private or governmental agencies. I authorize any such person or agency to give you any and all information concerning my previous employment, including but not limited to, an assessment of my job performance, ability, and fitness, and/or any other information they may have, personal or otherwise, and release all parties from any and all liability, claims, or damages that may directly or indirectly result from furnishing same. Upon my reasonable and timely request, a description of the general scope and nature of any such inquiry will be provided to me.
2. Prior to my beginning work or during my employment, employer reserves the right to require any lawful form of medical, drug, alcohol, psychological, character, honesty, integrity, aptitude, skill, or other test or examination.

If employed, I understand and agree that my employment is "at-will" and may be terminated with or without cause or notice at my option or at the option of employer.

Signature

Date