



Employment Application

Please fill out completely. Type in your information or handprint using a black or blue pen.

Last Name, First Initial:

Personal Information

Name (Last, First, MI)

Street address

City, State, Zip

Home phone number

Work phone number

Cell phone number

E-mail address

Social security number

Driver's license number/state/expiration (if job involves any driving)

Have you used any names or social security numbers other than the above? If yes, please explain:

Employment Desired

Position applied for

How did you hear about this position?

Date available for work

Desired hours (full time, part time, etc.)

Education

Today's Date:

	Name and Address of School	Course of Study	Total Years of Study	Degree/Diploma
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 10):



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Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? YES ☐ NO ☐

1. Employer (current Yes No)	Start Date	End Date	Essential job functions of final position
Address			1.
City, State, Zip			2.
Phone number	Fax number		3.
Job position(s)			4.
Supervisor(s)	E-mail address of supervisor		
Reason(s) for leaving (or wanting to leave if currently employed)			
What value did you add to this company or its customers?			

Employment History

2. Employer (current Yes No)	Start Date	End Date	Essential job functions of final position
Address			1.
City, State, Zip			2.
Phone number	Fax number		3.
Job position(s)			4.
Supervisor(s)	E-mail address of supervisor		
Reason(s) for leaving (or wanting to leave if currently employed)			
What value did you add to this company or its customers?			



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Employment History

3. Employer (current Yes No)	Start Date	End Date	Essential job functions of final position
Address			1.
City, State, Zip			2.
Phone number	Fax number		3.
Job position(s)			4.
Supervisor(s)	E-mail address of supervisor		
Reason(s) for leaving (or wanting to leave if currently employed)			
What value did you add to this company or its customers?			

Employment History

4. Employer (current Yes No)	Start Date	End Date	Essential job functions of final position
Address			1.
City, State, Zip			2.
Phone number	Fax number		3.
Job position(s)			4.
Supervisor(s)	E-mail address of supervisor		
Reason(s) for leaving (or wanting to leave if currently employed)			
What value did you add to this company or its customers?			



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Additional Information

Have you ever been employed with this company before? If Yes, when?

☐ Yes

☐ No

Do you have any friends or relatives employed by this company? If Yes, please provide their names and relationship to you:

☐ Yes

☐ No

Are you currently employed?

☐ Yes

☐ No

May we contact your employer?

☐ Yes

☐ No

Are you currently on "lay off" status and subject to recall?

☐ Yes

☐ No

If you are under 18 years of age, can you provide proof of your eligibility to work?

☐ Yes

☐ No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?

☐ Yes

☐ No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?

☐ Yes

☐ No

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for?

☐ Yes

☐ No

If Yes, please explain:

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)"?

☐ Yes

☐ No

☐ N/A

If hired, do you have a reliable means of transportation to and from work?

☐ Yes

☐ No

If hired, would you be able to travel or work overtime or weekends as needed?

☐ Yes

☐ No



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References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name (Last, First, MI)		Occupation
Company name	Address	
Telephone	E-mail	Relationship & Years Acquainted

Name (Last, First, MI)		Occupation
Company name	Address	
Telephone	E-mail	Relationship & Years Acquainted

Name (Last, First, MI)		Occupation
Company name	Address	
Telephone	E-mail	Relationship & Years Acquainted

Additional Space

Additional space provided to expand on any points or questions asked previously in this application

PLEASE USE ADDITIONAL PAPER IF NECESSARY



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Social Security Number: _____

Signature: _____

Witness: _____ Witness: _____

Complete and Accurate Information

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery

At-Will Employment

I understand and agree that if I am employed, my employment will be “at-will”, which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company’s president.

Testing Authorization

If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

Investigation Authorization

I authorize investigation into all statements and references contained in this application. Said investigation may include interviews with past employers, workers and friends. Said investigation may include credit, driving, criminal background, references and other background checks. As a condition of applying for this job, I authorize reasonable post-hire investigations into my credit, driving and criminal background.

Company Obligation

I understand and agree that the Company’s acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

MY ANSWERS HAVE BEEN TRUE AND ACCURATE PURSUANT TO THE PENALTY OF PERJURY UNDER THE LAWS OF THIS STATE. I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Signature

Date



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Availability

Please note the blocks of time you would be available to work shifts for us. Please be honest: We often need to fill specific contract times and days.

Time Blocks Available

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	