



## An Equal Opportunity Employer

# APPLICATION FOR EMPLOYMENT

All qualified applicants will receive consideration for employment without regard to the qualified applicant's race, color, religion, sex, age, national origin, marital status, disability or any other basis prohibited by law.

### INSTRUCTIONS

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application.

Company Applying to: \_\_\_\_\_

Job Applied For \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full Time  Part-time  Temporary or Summer  employment?

When could you start to work? \_\_\_\_\_

### PERSONAL DATA

Last Name

First Name

Middle Name

Telephone Number

Present Street Address

City

State

Zip Code

If you are offered employment, you must have a valid authorization to work in the United States (U.S. citizen, national, lawful permanent resident or alien authorized to work in the U.S.). Can you provide such authorization if offered employment?

Yes  No

Social Security Number \_\_\_\_\_ Place of Birth (City/State) \_\_\_\_\_

### HEALTH

Can you perform the essential functions of the job for which you are applying, as described in the applicable job description provided with this application, with or without reasonable accommodation?

Yes  No



## MILITARY

Military Status:

Branch of Service \_\_\_\_\_

Service duties/Special Training \_\_\_\_\_

## GENERAL

Were you ever employed here? . . . . . Yes  No  If yes, **when?** \_\_\_\_\_

Have you ever applied here before? . . . . . Yes  No  If yes, **when?** \_\_\_\_\_

Have you ever been convicted of a felony? . . . . . Yes  No

A conviction will not necessarily disqualify an applicant from employment) If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Of what job-related clubs, organizations, civic or other groups have you been a member in the last five years? (Include offices held.) Exclude any labor organizations or any organizations the name and character of which indicate race, color, religion, sex, age, national origin or ancestry of its members.)**

For Driving Jobs Only: Do you have a valid drivers license? . . . . . Yes  No

Drivers License Number \_\_\_\_\_ Class of License \_\_\_\_\_

Have you had your drivers license suspended or revoked in the last 3 years? Yes  No

## EDUCATION

Name, Address and Location of School	Highest Grade Completed	Did You Graduate?	Year
High School: _____ (or date GED completed)			
College or University: _____ College Major: _____ Degree: _____			
College or University: _____ College Major: _____ Degree: _____			
Additional Educational and/or Vocational or Technical Training Information:	Courses Taken	Did You Complete?	Year
School: _____			
School: _____			
School: _____			



## WORK HISTORY

**List of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any period of employment. If Self-Employed, give firm name and supply business references.  
PLEASE GIVE MONTH AND YEAR**

Name of <b>Most Recent</b> Employer Address City, State, Zip Code  Telephone	Name of Last Supervisor	Employed <hr/> From (mo/yr) <hr/> To (mo/yr)	Pay <hr/> Start \$ <hr/> Final \$
Title		Reason for Leaving	
Duties			
Name of Employer Address City, State, Zip Code  Telephone	Name of Last Supervisor	Employed <hr/> From (mo/yr) <hr/> To (mo/yr)	Pay <hr/> Start \$ <hr/> Final \$
Title		Reason for Leaving	
Duties			
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Title		Reason for Leaving	
Duties			



Is there any additional information relative to change of names, use of assumed name, or nickname necessary to enable us to check your work record?.....Yes  No

Are you presently employed?.....Yes  No

If yes, may we contact your present employer?.....Yes  No

Have you ever been fired from a job or asked to resign?.....Yes  No

### SPECIAL SKILLS

If you are an experienced operator of any business machines or equipment, please list:

If you are an experienced operator of any plant machines or equipment, please list:

10-Key Calculator by touch?..... Yes  No

Do you type?..... Yes  No  Words per minute

Do you take shorthand?.....Yes  No  Words per minute

Do you have any other skills you wish to mention pertinent to the position applied for?

### REFERENCES

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

### AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I expressly waive all provisions of law prohibiting any physician, person, hospital, or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of the termination. Finally, I understand that all company property may be deducted from my final pay checks.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### COMPANY USE ONLY

Do Not Write Below This Line

Interviewed by \_\_\_\_\_

Disposition \_\_\_\_\_

Job Classification \_\_\_\_\_

Date Employed \_\_\_\_\_

Starting Rate \_\_\_\_\_ per \_\_\_\_\_

Department \_\_\_\_\_

Application information checked by: Name \_\_\_\_\_

Clock No. \_\_\_\_\_

Date \_\_\_\_\_