

EMPLOYMENT APPLICATION

Please fill out the entire application.

EMPLOYER INFORMATION

Employer Name: _____
Address: _____
City, State, and Zip Code: _____
Telephone: _____

_____ is an Equal Opportunity Employer. We do not discriminate in our hiring practices on the basis of race, religion, color, sex, gender, identity, sexual orientation, age, disability, national origin, religion, veteran status, or any other status protected under federal, state, or local law.

All employment decisions at _____ are decided on the basis of candidate qualifications, merit, and the unique needs of our business and the position.

APPLICANT INFORMATION

Applicant Name: _____
Address: _____
City, State, and Zip Code: _____
Telephone: _____ Alternate phone: _____
Email Address: _____

Date of Application: _____

EMERGENCY CONTACT

Contact Name: _____
Relationship to you: _____
Address: _____
City, State, and Zip Code: _____
Telephone: _____ Alternate phone: _____

EMPLOYMENT POSITION

Employment Position Applied For: _____
Full or Part Time _____ Full time _____ Part time

When can you begin work if you are hired? _____
Salary Desired: \$ _____ per _____

Did anyone refer you to our company? If yes, who: _____



Have you applied to any position at our company previously? ____ Yes ____ No
If yes, when did you apply: _____
If yes, what position did you apply for: _____

Do you have any friends or family working at our company? ____ Yes ____ No
If yes, name: _____

How did you hear about this position? _____

WORK ELIGIBILITY

Are you at least 18 years old? ____ Yes ____ No

If offered employment, are you able to provide proof that you are legally eligible to work in the United States? ____ Yes ____ No

How you will get to work: _____

Driver's License (State/Number): _____

Are you able to perform the essential functions of the job position with or without reasonable accommodation? ____ Yes ____ No

Are you willing to work any shift, including nights and weekends? ____ Yes ____ No
If no, please state any limitations: _____

If applicable, are you available to work overtime? ____ Yes ____ No

EDUCATION AND TRAINING

Please list the schools attended.
Include any other pertinent information about your education and training.

School name: _____
Address: _____
From: _____ To: _____ Did you graduate? ____ Yes ____ No
Subjects studied: _____

College/University: _____
Address: _____
From: _____ To: _____ Did you graduate? ____ Yes ____ No
Degree received: _____

Other: _____
Address: _____
From: _____ To: _____ Did you graduate? ____ Yes ____ No
Degree received: _____



Professional licenses, qualifications, or certifications:

Special Achievements or Awards:

EMPLOYMENT HISTORY

Please list all jobs. Begin with the current or most recent employment. For gaps in employment, please include explanation. Continue on an extra sheet of paper if necessary.

Name of Employer: _____

Address: _____

From: _____ To: _____ Position: _____

Key Duties: _____

Reason for Leaving: _____

Supervisor Name: _____ Supervisor Phone: _____

Name of Employer: _____

Address: _____

From: _____ To: _____ Position: _____

Key Duties: _____

Reason for Leaving: _____

Supervisor Name: _____ Supervisor Phone: _____

Name of Employer: _____

Address: _____

From: _____ To: _____ Position: _____

Key Duties: _____

Reason for Leaving: _____

Supervisor Name: _____ Supervisor Phone: _____

Military Services? _____ Yes _____ No

Branch: _____

Years of Service: From: _____ To: _____

Specialized skills or training: _____



APPLICANT'S SKILLS

Skill: _____

Level: _____ Low _____ Medium _____ High

Skill: _____

Level: _____ Low _____ Medium _____ High

Skill: _____

Level: _____ Low _____ Medium _____ High

Language: _____

Level: _____ Fluent _____ Good _____ Fair

Language: _____

Level: _____ Fluent _____ Good _____ Fair

Other skills: _____

REFERENCES

Name: _____

Relationship: _____

Address: _____

City, State, and Zip Code: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

City, State, and Zip Code: _____

Telephone: _____

I certify that all statements given on this application are true and complete to the best of my knowledge. I understand that any statements found to be false or misleading give sufficient reason not to hire me, or if hired, can be grounds for immediate termination. I authorize _____ to conduct any investigation deemed appropriate concerning my application.

I authorize former employers, references, and all other individuals and organizations disclosed herein to provide any information sought in connection with this application.

The employment is at will, meaning that the employment is subject to termination at any time, with or without cause or notice, and at any time. I acknowledge that no written or oral representations nor representations about the employment can alter the at will employment



status, except those which are executed by representatives at _____ with the express authority to do so.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE _____ DATE _____

