# APPLICATION FOR EMPLOYMENT

 / / / / Date of Application Date Available for Hire

Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resume Attached? ☐ Yes ☐ No

What Date Can You Start / /



Position Desired

Can you work any shift?

☐ Yes ☐ No

Can you work overtime, including weekends?

☐ Yes ☐ Yes, but not weekends ☐ No

**INFORMATION ABOUT YOU**

First Name Middle Name Last Name

Would you be known by any employer, school or reference under another name? Y\_\_\_\_\_N\_\_\_\_\_\_

If yes, what name?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT RESIDENCE**

Street Address/City/State/ZIP Code

**( )** ( ) ☐ Yes ☐ No

Your Phone Work Phone Is it okay to call you at work? Email

**PAST RESIDENCE(S)**

 / / / /

1. Start Date End Date

Street Address/City/State/ZIP Code

 / / / /

1. Start Date End Date

Street Address/City/State/ZIP Code

|  |  |
| --- | --- |
| **ARE YOU:** |  |
| Are you at least 18 Years Old? | ☐ Yes | ☐ | No |
| A Previous Applicant | ☐ Yes | ☐ | No |
| A Previous Employee | ☐ Yes | ☐ | No |
| Legally eligible to work in the U.S.?*(If offered employment, you will be required to* | ☐ Yes | ☐ | No |
| *provide proper documentation to verify eligibility.*) |  |  |  |
| Able to make it to work using a reliable means of transportation? | ☐ Yes | ☐ | No |
| Do you have any relatives or friends who work for this Organization? | ☐ Yes | ☐ | No |
| If yes, please provide names and where they work |  |  |  |

**Are you able,** with or without reasonable accommodation, to perform the essential functions of this job? (If you have any questions about the functions of the job, please ask the interviewer before answering this question.)

Yes ☐ No ☐ If no, please explain.

**Describe** your current qualifications for the position, including education, skill, abilities, work habits, and work experience. (You may attach extra pages to answer.)

|  |  |  |
| --- | --- | --- |
| **YOUR WORK EXPERIENCE (complete for the past 10 years)** |  / /  |  / /  |
| a. Present/Most Recent Employer Type of Organization | Start Date | End Date |

 ( ) Street Address/City/State/ZIP code Work Phone Hourly Rate/Salary

 ( ) Immediate Supervisor’s Name Phone Email

May we contact the supervisor? Yes ☐ No ☐ What is/was your job title? Summarize the nature of the work you performed and your job responsibilities.

Reason For Leaving

|  |  |  |
| --- | --- | --- |
|  |  / /  |  / /  |
| b. Previous Employer | Type of Organization | Start Date | End Date |

 ( ) Street Address/City/State/ZIP code Work Phone Hourly Rate/Salary

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May we contact the supervisor? Yes ☐ No ☐ What is/was your job title? Summarize the nature of the work you performed and your job responsibilities.

Reason For Leaving

|  |  |  |
| --- | --- | --- |
|  |  / /  |  / /  |
| c. Previous Employer | Type of Organization | Start Date | End Date |

 ( ) Street Address/City/State/ZIP code Work Phone Hourly Rate/Salary

 ( ) Immediate Supervisor’s Name Phone Email

May we contact the supervisor? Yes ☐ No ☐ What is/was your job title? Summarize the nature of the work you performed and your job responsibilities.

Reason For Leaving

**Have you ever been discharged or asked to resign from a job?** Yes ☐ No ☐ If yes, please explain.

**PERSONAL REFERENCES: Give Three References (Neither Relatives or Employers)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Occupation | Employer | Years this person has known you |
| Name | Occupation | Employer | Years this person has known you |
| Name | Occupation | Employer | Years this person has known you |

**PROFESSIONAL INFORMATION (if applicable)**

**License Description** License Number Effective Date Expiration **Registry or Certification** Registration No. Effective Date Expiration **Other**

Type of School

Name and Location

of School Dates of Attendance

Name and Date of Degree Earned

Fields of Study (Major and Minor)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| High School/ Trade School | Do you have a high school diplomaor GED?Yes ☐ No ☐ | x | x | x |
| Business or Tech School |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Colleges/Universities |  |  |  |  |
| Other Training (Explain) |  |  |  |  |
|  |  |  |  |  |

**ADDITIONAL QUALIFICATIONS**

(Ex. special technical, computer, or individual skills that would qualify you for the position)

Description Description Description Description

**U.S. MILITARY SERVICE**

Branch Rank at Discharge Dates of service / / to / /

Duties

Honorable Discharge? ☐ Yes ☐ No

#### Please Read Carefully

**If you have any questions regarding the application, this statement, or if you need special assistance in regard to applying for this position, please ask the person who is assisting you with this application.**

As an equal opportunity employer, this Organization will strive to conduct all personnel practices and procedures, including recruitment, selection, employment, compensation, benefits, evaluations, promotions, demotions, assignments, transfers, reductions-in-force, terminations, training, education, recreational and social activities, and safety and health programs, without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected under local, state or federal laws.

The answers to the questions on this application are not intended for use for discriminatory purposes.

Your application will be given the consideration it deserves; however, our acceptance of your completed application for our consideration does not mean you will be offered employment. By signing your name below, you indicate your understanding that nothing contained in this application or any information gained or discussed during the interview process creates an employment contract between you and this Organization. **If hired, you will be, at all times, an at-will employee**. Should this application and the hiring process result in your employment, you have the right to terminate your employment at any time and for any reason.

Likewise, this Organization reserves the right to terminate your employment at any time and for any reason not prohibited by law.

Moreover, you understand no representative of this Organization, with the exception of the chief executive, has any authority to enter into any agreement of any kind or form with you for any specified period of time or to guarantee any other terms of employment, including benefits. **No statements, written or verbal, made to you at any time prior to, or during, employment are intended to alter your at-will status**.

When processing this application, and if applicable to the position for which you are applying, **Organization will request third parties perform criminal, police, driving record check, credit, or other background checks about you**. You will be given separate forms to fill out authorizing any such checks and setting forth information about your rights. In addition to these background checks, Organization may directly contact past employers, supervisors, and/or any other person listed in this application regarding the statements you make during the application process and your suitability for employment. This inquiry may include information as to your general character, reputation, and work-related characteristics.

Also, note that should the Organization hire you, the Organization may use, at any time during your employment, outside agents or representatives to perform investigations surrounding any claim of wrongdoing, including, but not limited to, sexual harassment, theft, or fraud.

I certify with my signature below I have given the Organization true and complete information on this application to the best of my knowledge. I have omitted no facts called for on the application and have not made any false statements. No requested information has been concealed. I authorize the Organization to verify the accuracy of the statements and obtain reference information on my work performance. I release Organization from all liability of any kind, which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, any false statements or omissions of fact called for on this application could result in dismissal. I understand that should an employment offer be extended to me and accepted, I will at all times be an at will employee. I will fully adhere to the policies, rules, and regulations of employment. However, I further understand that neither

Organization’s policies, rules, regulations, nor anything said during the interview process, shall be deemed to alter the at-will nature of my employment or to constitute the terms of an implied employment contract.

Date / / Signature of Applicant:

Applicant’s name, printed

**This application for employment expires 60 days after the date indicated next to your signature. Consideration for employment after 60 days requires a new application.**

**Internal Office Use**

**References**

Date / / Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact \_ \_ \_\_ \_ \_ \_\_ \_ \_ \_

Information Obtained or Verified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date / / Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact \_\_\_ \_ \_ \_ \_\_ \_ \_ \_\_ \_

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Date / / Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date / / Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact \_\_\_ \_ \_ \_ \_\_ \_ \_ \_\_\_\_\_\_\_ Information Obtained or Verified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background Check Performed?** ☐ Yes ☐ No

Which one(s)? Add 2 lines

**Eligible for Hire?** ☐ Yes ☐ No

Position Title \_\_ \_ \_\_ \_ \_ \_\_ \_ \_ Location \_ \_ \_ \_\_ \_ \_ \_ \_\_ \_ \_ \_\_ \_ \_ \_\_ \_ \_ \_ \_\_ \_\_ Combine Starting Date

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

Combine Hiring Rate \_ \_\_ \_ \_ \_\_ \_ \_ Level \_\_ \_ \_ \_\_ \_ \_ Step: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_