

# APPLICATION FOR EMPLOYMENT



**INSTRUCTIONS:** Answer each question fully and accurately. PLEASE PRINT, except for the signature on the last page of this application. Use additional paper if you do not have enough room on this application. No action can be taken on this application until you have answered all questions. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based on non-job-related information.

Position Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Are You Seeking: Full-time  Part-time  Temporary

When Can You Start? \_\_\_\_\_ Desired Salary: \_\_\_\_\_

**It is the policy of the Company to provide equal opportunity with regard to all terms and conditions of employment. The Company with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristic.**

## APPLICANT Please list the following personal information, as indicated below.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Telephone Number Cellular Telephone Number Other Telephone Number

- - \_\_\_\_\_ If hired, can you furnish proof that you are eligible to work in the US? Yes  No

Social Security Number \_\_\_\_\_

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

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

Are you now or do you expect to be engaged in any other business or employment? Yes  No

If yes, please explain: \_\_\_\_\_

## DRIVING RECORD Please complete the following section if you are applying for any job that requires driving/operating equipment.

Do you have a valid driver's license? Yes  No

License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Class: \_\_\_\_\_

Have you had any vehicle accidents during the past three (3) years in which you were at fault? Yes  No

If yes, please describe: \_\_\_\_\_

Have you had any moving violations (speeding tickets, etc.) during the past three (3) years? Yes  No

If yes, please describe the dates & nature of the violation(s): \_\_\_\_\_

Has your driver's license been suspended or revoked in the last three (3) years? Yes  No

If yes, please describe the dates & nature of the suspension: \_\_\_\_\_

# EMPLOYMENT

Beginning with your most recent, please list all employer information from the last five years.

X if employment is current. -->

\_\_\_\_\_  
Employer Name

(        )  
\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

(        )  
\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Supervisor Name

From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_  
Dates Employed (mm/yy)

\_\_\_\_\_  
Work Performed (Including Types Of Equipment Or Vehicles Operated)

Start: \_\_\_\_\_ Ending: \_\_\_\_\_  
\_\_\_\_\_  
Hourly Rate/Salary

\_\_\_\_\_  
Reason For Leaving

X if employment is current. -->

\_\_\_\_\_  
Employer Name

(        )  
\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

(        )  
\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Supervisor Name

From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_  
Dates Employed (mm/yy)

\_\_\_\_\_  
Work Performed (Including Types Of Equipment Or Vehicles Operated)

Start: \_\_\_\_\_ Ending: \_\_\_\_\_  
\_\_\_\_\_  
Hourly Rate/Salary

\_\_\_\_\_  
Reason For Leaving

X if employment is current. -->

\_\_\_\_\_  
Employer Name

(        )  
\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

(        )  
\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Supervisor Name

From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_  
Dates Employed (mm/yy)

\_\_\_\_\_  
Work Performed (Including Types Of Equipment Or Vehicles Operated)

Start: \_\_\_\_\_ Ending: \_\_\_\_\_  
\_\_\_\_\_  
Hourly Rate/Salary

\_\_\_\_\_  
Reason For Leaving

X if employment is current. -->

\_\_\_\_\_  
Employer Name

(        )  
\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

(        )  
\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Supervisor Name

From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_  
Dates Employed (mm/yy)

\_\_\_\_\_  
Work Performed (Including Types Of Equipment Or Vehicles Operated)

Start: \_\_\_\_\_ Ending: \_\_\_\_\_  
\_\_\_\_\_  
Hourly Rate/Salary

\_\_\_\_\_  
Reason For Leaving

## EDUCATION

Please list the following information, including names & addresses, for any applicable educational institutions.

High School or GED No. of Years Completed Diploma/Degree/Certificate

College or University No. of Years Completed Diploma/Degree/Certificate

Vocational or Technical No. of Years Completed Diploma/Degree/Certificate

What skills or additional training do you have that relate to the job for which you are applying? \_\_\_\_\_

What machines or equipment can you operate that relate to the job for which you are applying? \_\_\_\_\_

## REFERENCES

Please list two (2) references, not including relatives or former employers.

Name Address Telephone Number ( )

Name Address Telephone Number ( )

## PRIOR RESIDENCE

Please list any prior places of residence during the last three (3) years. Use additional paper, if necessary.

Street Address City, State and Zip Code From: To: Dates Of Residence

Street Address City, State and Zip Code From: To: Dates Of Residence

## COMMENTS

Please list any other relevant information that may assist us in making employment decisions.

## AFFIDAVIT

Please read the following carefully, then sign and date in the appropriate space.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of all statements in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons/organizations from any legal liability in making such statements.

I understand that I may be required to successfully pass a screening for alcohol and illegal drug use. I also understand that such screenings may be required at any point during my employment. I hereby consent to pre- and / or post-employment alcohol and drug screenings as a condition of employment, if required.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

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

[ This application for employment will remain active for a limited time. Ask a Company representative for details. ]