



Application for Employment

Please fill out form completely for employment consideration. Email or fax when completed.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or handicap. We are an equal opportunity employer.

Personal Information:

Last Name	First	Middle	Date
Street Address			Phone Number
City, State, Zip			
Email Address			Business Phone
Previous Address (if any)			How long at present address? _____ Years _____ Months



Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, employment is subject to verification of minimal legal age.	
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Location: _____	Social Security No. - -
How did you learn about our company?	
Are you legally eligible for employment in the United States?	When would you be able to start?
Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Driver's License Number	State
Do you have any driving violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education:

School	Name and Location	Course of Study	Years Completed	Did you graduate?	Degree or diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	



Trade School				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	

Employment History:

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1.	Company Name	Telephone
	Address	Employed (Start Month and Year) From: To:
	Name of Supervisor	Hourly Rate Start: Last:
	Start Job Title and Work Description	Reason for Leaving
2.	Company Name	Telephone
	Address	Employed (Start Month and Year) From: To:
	Name of Supervisor	Hourly Rate Start: Last:

	Start Job Title and Work Description	Reason for Leaving
3.	Company Name	Telephone
	Address	Employed (Start Month and Year) From: To:
	Name of Supervisor	Hourly Rate Start: Last:
	Start Job Title and Work Description	Reason for Leaving
4.	Company Name	Telephone
	Address	Employed (Start Month and Year) From: To:
	Name of Supervisor	Hourly Rate Start: Last:
	Start Job Title and Work Description	Reason for Leaving

We may contact the employers listed above unless you indicate that you do not want us to contact them.

Do not contact:

Employer Number(s): _____ Reason: _____



References:

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? Yes No

If Yes, describe in full:

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date	Signature
------	-----------