



APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity

Our company is an Equal Opportunity Employer. All qualified applicants will be considered for positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a physical or mental disability that is not job-related. Applicants are evaluated on the basis of ability, experience, and the requirements of the job. We will make reasonable efforts to accommodate physical or mental limitations of qualified applicants.

Please print and answer all questions thoroughly.

Application Date: _____ Position you are seeking: _____

How did you hear about this position? _____

Personal Information

Full Legal Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone (Home): _____ Social Security #: _____

Phone (Other): _____ Email: _____

Employment Desired

Expected Salary or Wage: \$ _____ per hour Date Available for Work: _____

Desired Hours:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Available to Work Overtime? ☐ Yes ☐ No

Type of Employment: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal ☐ Internship/Volunteer

- Are you able to be legally employed in the United States? ☐ Yes ☐ No
- Have you previously been employed with this company? ☐ Yes ☐ No

If yes, please provide the date of your employment and position:

Having friends or relatives at this company will not enhance or diminish your opportunity for employment.

- If hired, do you have a reliable means of transportation to work? ☐ Yes ☐ No
- If hired, would there be restrictions on travel if required? ☐ Yes ☐ No
- Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain:

● Employment History

List all present and past employers, starting with your most recent employer.

Employer:	Telephone:	Dates Employed	
		From	To
Address:			
		Compensation	
Job Title:		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
		Starting	Final
Immediate Supervisor:			
Reason for Leaving:		\$	\$
		Other Income	
Describe Duties and Responsibilities:			

Employer:	Telephone:	Dates Employed	
		From	To
Address:			
		Compensation	
Job Title:		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
		Starting	Final
Immediate Supervisor:			
Reason for Leaving:		\$	\$
		Other Income	
Describe Duties and Responsibilities:			

Employer:	Telephone:	Dates Employed	
		From	To
Address:			
		Compensation	
Job Title:		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
		Starting	Final
Immediate Supervisor:			
Reason for Leaving:		\$	\$
		Other Income	
Describe Duties and Responsibilities:			

● Education & Training

	NAME	CITY/STATE	COURSE OF STUDY	YEARS COMPLETED	TYPE OF DEGREE
HIGH SCHOOL					
UNDERGRADUATE COLLEGE					
GRADUATE/ PROFESSIONAL					
OTHER					

List any certification, training, or other education not listed above that may help you qualify for this position:

Rate your skill level in the following areas:

Word Processing	<input type="checkbox"/> None	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	Years of Experience:
Spreadsheet	<input type="checkbox"/> None	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	Years of Experience:
Internet	<input type="checkbox"/> None	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	Years of Experience:
E-mail	<input type="checkbox"/> None	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	Years of Experience:

● References

List below three persons not related to you who have knowledge of your work performance within the last 5 years.

Name: _____ Occupation: _____

Company: _____ Phone #: _____

Address: _____

Name: _____ Occupation: _____

Company: _____ Phone #: _____

Address: _____

Name: _____ Occupation: _____

Company: _____ Phone #: _____

Address: _____

May we contact your current employer? ☐ Yes ☐ No

Please list any employer or person provided on this application that you do not authorize us to contact:

Agreement & Authorization

Please read the following statements. Initial each paragraph and sign below.

I certify that the above information is accurate and true to the best of my knowledge. In the event of my employment, I understand and agree that false or misleading information given in my application or interview(s) may result in discharge. Initial: _____

I understand that this application is for informational purposes only and does not constitute an offer of employment or an employment contract. If an employment relationship is later established, I understand my right to resign at anytime for any reason. I also understand that this company may also terminate my employment at any time, for any reason not prohibited by law. Initial: _____

I authorize _____
(Company Name) to inquire and investigate into my employment, educational, professional, criminal and other background as needed to verify the information on this application and research my qualifications for this position. Unless specifically stated in this application, this company may contact all employers and references that I have provided in order to obtain this information. Initial: _____

I hereby release _____
(Company Name) from all liability that might result from such investigations into my background. Initial: _____

I understand that if I am offered a position with this company, I will be given a drug and alcohol test within 48 hours. I understand that negative test results are required as a condition of my employment, and that all test results will remain confidential. Initial: _____

I hereby acknowledge that I have read and agree to the above statements.

Printed Name (First, Middle, Last)

Signature or Applicant

Date



CONSENT FOR PRE-EMPLOYMENT REFERENCE & BACKGROUND CHECKS

Instructions to Applicant:

1. Please read carefully before signing this authorization.
2. As a result of your request for employment consideration with our company, we intend to investigate into your background to verify the information you have provided us. Our inquiries will be limited to obtain only information that is job related, and will include reference checks, previous employment inquiries, and verification of your training and education.
3. Because of your right to privacy, this form is needed to allow former employers, business references, and educational institutions to provide us with this information. This form will be mailed or faxed to these parties as verification that you have waived your right to privacy.
4. If you agree with these statements and the waiver provided below, please provide your signature and today's date at the bottom of this form.

AUTHORIZATION AND WAIVER

I hereby authorize _____ and its agents to conduct an investigation of my application for employment.

(Company Name)

I authorize and request any and all former employers, business references, and educational institutions to furnish (orally and/or in writing) information concerning my past job performance and my work, salary, and educational histories. I hereby release these parties and their representatives furnishing such information from any and all liability that may result from complying with this authorization.

I recognize that a photocopy or a facsimile of this original document is a valid requisition.

Signature of Applicant

Date

Printed Name (First, Middle, Last)

Phone #