

Employment Application

This Company is an equal opportunity employer dedicated to nondiscrimination in employment. The Company selects the best qualified individual for the job based on job-related qualifications regardless of race, age, color, religion, sex, national origin, ancestry, marital status, sexual preference, disability, or any other basis protected by applicable law.

 Print clearly and complete ALL information requested.

Name _____
First Middle Last

A

Present Address _____
Street Address City State Zip Code

Permanent Address _____
(if different) Street Address City State Zip Code

Home Phone (____) _____ Message Phone (____) _____ SSN _____ - ____ - ____

If you are hired, can you furnish proof that you are over 18 years of age?..... yes no

B

If you are hired, can you present evidence of your legal right to live and work in this country as required by law?..... yes no

Are you able to satisfactorily perform the essential job duties required of the position for which you are applying?..... yes no

Do you require a reasonable accommodation to perform the essential job duties of the position for which you are applying?... yes no

If you answered yes, what reasonable accommodation do you require? _____

Position Desired _____ Date you can start _____ Salary Desired _____

C

Which do you prefer?..... full-time part-time during the following days and hours _____

Are you employed now?..... yes no If yes, may we contact your present employer?..... yes no

Have you ever applied to or worked for this Company before?..... yes no If yes, specify dates _____

Education	Name of school	City and State	# of years completed	Did you graduate?	Degree(s) earned
High School					
College					
Graduate					

D

Have you served in the United States Armed Forces?..... yes no Branch _____ Final Rank _____

Honorable Discharge?..... yes no

Additional training, skill, experience, and special achievements that you would like us to consider _____

☞ List present and past employers beginning with the most recent. Attach additional sheets as needed.

Month/ Year	Name & Address of Employer	Initial Position and Duties	Previous Supervisor	Starting Pay	Reason for Leaving
		Final Position and Duties	Telephone Number	Ending Pay	
From					
To					
From					
To					
From					
To					

E

Have you ever been terminated or asked to resign from any job? yes no If yes, please explain circumstances _____

Please explain fully any gaps in your employment history _____

F

How many days of work have you missed in the last three years due to reasons other than paid holidays, vacation, and approved absence due to the Family Medical Leave Act?

0 to 10 days 11 to 30 days 30+ days

Do you have adequate transportation to and from work? yes no

Do you have any friends or relatives who work for the Company? yes no If yes, who? _____

☞ List three personal references who know you well but who are not previous employers or relatives.

Name	Address	Phone number

G

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

H

X _____
SIGNATURE OF APPLICANT PRINT NAME DATE