



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Are you employed now? _____ Desired Salary/Wage: \$ _____

Position Applied for: _____

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Are you 18 years of age or older? YES NO

Employment History – list current or most recent employment

Company: _____ Phone: _____
 Address/City: _____ Supervisor: _____
 Job Title: _____ How long has the Supervisor known you: _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact the above employer and/or supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address/City: _____ Supervisor: _____
 Job Title: _____ How long has the Supervisor known you: _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact the above employer and/or supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address/City: _____ Supervisor: _____
 Job Title: _____ How long has the Supervisor known you: _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact the above employer and/or supervisor for a reference? YES NO

Education

High School:

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References – list 1 work-related and 1 personal

Name: _____ Relationship: _____

Company: _____ Phone: _____

Email Address: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

Email Address: _____

Additional Information

Other Related Employment (Company, dates, job title, etc): _____

Job Related Skills, Activities, Memberships: _____

Disclaimer and Signature

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand and agree that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior

notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by the law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Signature: _____ Date: _____

Please print and sign -- Actual Signature needed (no e-signature)