



Employment Application

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, sexual orientation, age, veteran status, disability or any other basis prohibited by law. We are an equal opportunity employer.

Personal Background – please print clearly

Name _____
(Last) (First) (MI)

Maiden (or other name formerly used) _____ Date last used ____/____/____
(MO) (YR)

Current Address _____
(Street) (Floor of Apt No)

(City) (State) (Zip Code)

Social Security Number: _____ Phone Number: _____

Employment Desired

Position applied for _____ Date Available _____ Salary Desired _____

Are you presently employed? Yes No Are you over the age of 18? Yes No

Are you legally authorized to work in the United States without restriction? Yes No
(Proof of identity and employment eligibility will be required upon hire.)

Can you and are you willing to travel if your job requires it? Yes No

If employment is offered, do you intend to have any type of secondary employment or self-employment? Yes No

If required, would you be willing to work (please check one box in each category)

Overtime Yes No Holidays Yes No Saturdays/Sundays Yes No

Indicate the days or nights that you are not available to work, if any _____

Have you ever applied to this company or any of its affiliates? Yes No
If yes, when? _____ Which affiliate(s)? _____

Have you ever been employed by this company or any of its affiliates? Yes No
If yes, when? _____ Which affiliate(s)? _____

Do you have any relatives employed by this company? Yes No
If yes, who and what location? _____

Referral Source

How did you hear about our organization? Walk-in Agency, please list Agency _____
 Advertisement Employee Referral, please list name _____
 Friend Other, please specify _____



Driving Record

If you are applying for a position which involves driving on the job, please answer the following questions:

Do you have a valid unexpired license to drive a vehicle? Yes No

Do you have auto insurance coverage? Yes No

Has your license been revoked or suspended during the past five years? Yes No

If yes, please explain _____

Driver's License Number _____ Expiration Date _____ State _____ Class _____

Education and Training

Indicate highest level of education completed:

High School 9 10 11 12 College/University 1 2 3 4

Technical/Trade School 1 2 Other _____ Graduate School 1 2 3

Name of School/College	Location (City/State)	Course Study	Yrs Completed	Graduated (Y/N)	Degree

List additional education, vocation, trade, professional information, certifications, or licenses:

Computer Skills (list software) _____

Other machines, trades, special skills, or qualifications: _____

Previous Residences

List the city, county and state of all your previous residences in the last seven years (use additional sheet if necessary)

City	County	State	From (MM/YY)	To (MM/YY)

Criminal Record

Have you even been convicted of or plead guilty to a misdemeanor or felony? Yes No

If yes, please indicate:

Date: _____ Location (City/State) _____ Charge _____ Action Taken _____

(Note: You are not required to provide information on any expunged or sealed record.)

Illegal Use of Drugs

Do you currently engage in the illegal use of drugs (marijuana, cocaine, heroin, crack, speed, LSD, or use of prescription drugs written for someone else, etc.)? Yes No

Are you willing to be tested for the illegal use of drugs? Yes No



Employment History

Listing the most recent position first, provide the following information regarding your previous employment. Please complete all of the employment history even though some or all of the information may be on your resume. Attach your resume to this application.

Are you currently bound by an employment agreement or non-compete agreement? Yes No

1. Company _____ Phone () _____
Type of Business _____ City _____ State _____
Employed (mm/yy): From _____ To _____ Your Exact Title/Position _____
Base Salary: Start _____ End _____ Other Compensation _____
Supervisor's Position _____ Immediate Supervisor _____
Reason for Leaving _____ May we contact? Yes No
Description of duties, responsibilities and accomplishments _____

2. Company _____ Phone () _____
Type of Business _____ City _____ State _____
Employed (mm/yy): From _____ To _____ Your Exact Title/Position _____
Base Salary: Start _____ End _____ Other Compensation _____
Supervisor's Position _____ Immediate Supervisor _____
Reason for Leaving _____ May we contact? Yes No
Description of duties, responsibilities and accomplishments _____

3. Company _____ Phone () _____
Type of Business _____ City _____ State _____
Employed (mm/yy): From _____ To _____ Your Exact Title/Position _____
Base Salary: Start _____ End _____ Other Compensation _____
Supervisor's Position _____ Immediate Supervisor _____
Reason for Leaving _____ May we contact? Yes No
Description of duties, responsibilities and accomplishments _____



References

Please list three individuals whom you have known for at least three years, other than relatives; at least two references should be business related.

Name: _____
Company: _____
Business Phone: () _____

Title: _____
Business Address: _____
Relationship: _____

Name: _____
Company: _____
Business Phone: () _____

Title: _____
Business Address: _____
Relationship: _____

Name: _____
Company: _____
Business Phone: () _____

Title: _____
Business Address: _____
Relationship: _____

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please explain _____

Please read carefully before signing.

This is an equal opportunity employer. I understand that no question being asked as part of my consideration for employment is intended to be unlawful.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation by the Employer to hire me. If I am hired, I understand that either the Employer or I can terminate my employment at any time and for any reason.

All of the information I have given to the Employer in considering me for employment is truthful. No other information has been concealed or intentionally omitted. I understand that the Employer may decide to conduct drug screenings and criminal background checks. I authorize, to the fullest extent permitted by law, any such drug screening and/or criminal background check as well as the investigation of all other matters concerning my consideration for employment. I understand that all offers of employment are contingent upon the receipt of a favorable result of any such drug screening, criminal background check and other investigated matters. I authorize the Employer to conduct the screening, background check or investigation directly or through its agents, and further authorize my former employers, references, physicians, and acquaintances to give any such information they may have regarding me. I release and indemnify the Employer, as well as any parties from whom information is obtained, from any liability whatsoever resulting from the drug screening, criminal background check or any other investigation and release of this information. If any information I have given to the Employer is untrue or misleading, if I have concealed any information, or adverse information is discovered through the investigation, I understand that this may result in the denial of employment, revocation of an offer of employment, or termination of employment.

Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, change in work location, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment. Additionally, I am aware that my employment is contingent on operational requirements.

Signature: _____

Date: _____