

# ***APPLICATION FOR EMPLOYMENT***

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

## ***Personal:***

_____			_____
Last Name	First	Middle	Date
_____			_____
Street Address			Home Phone
_____			_____
City	State	Zip	Business Phone
_____			_____
Have you ever applied for employment with us?			Social Security #
_____			_____
Position Desired			Pay Expected
_____			_____
Full-time or Part-time			Available to start date.
_____			_____
Are you legally eligible for employment in the US?			Have you ever been bonded?
_____			_____

\_\_\_\_\_

Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court?

\_\_\_\_\_

If yes, describe in full.

\_\_\_\_\_

Other special training or skills (languages, machine operation, etc.)

## ***Additional Information:***

Membership in professional and civic organizations, special accomplishments, awards, etc.  
(Exclude those which may disclose your race, color, religion, age or national origin)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ***Military:***

\_\_\_\_\_

Did you serve in the U.S. Armed Forces?

\_\_\_\_\_

If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

***Education:***

School	Name & Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate					
College					
Business/Trade Technical					
High School					
Elementary					

***Employment:***

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

Company Name: _____	Phone: _____
Address: _____	Employed – (State month & year) From _____ To _____
Name of Supervisor: _____	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work: _____	Can we contact? _____
Reason for Leaving: _____	Phone: _____
Company Name: _____	Employed – (State month & year) From _____ To _____
Address: _____	Weekly Pay Start _____ Last _____
Name of Supervisor: _____	Can we contact? _____
State Job Title and Describe Your Work: _____	Phone: _____
Reason for Leaving: _____	Employed – (State month & year) From _____ To _____
Company Name: _____	Weekly Pay Start _____ Last _____
Address: _____	Can we contact? _____
Name of Supervisor: _____	Phone: _____
State Job Title and Describe Your Work: _____	Employed – (State month & year) From _____ To _____
Reason for Leaving: _____	Weekly Pay Start _____ Last _____
Company Name: _____	Can we contact? _____
Address: _____	Phone: _____
Name of Supervisor: _____	Employed – (State month & year) From _____ To _____
State Job Title and Describe Your Work: _____	Weekly Pay Start _____ Last _____
Reason for Leaving: _____	Can we contact? _____

## *Applicant's Signature*

*Please read and understand this statement before signing your application:*

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information of this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

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Date

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Signature