



# Employment Application

### APPLICANT INFORMATION:

Today's Date: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ with area code Work Phone \_\_\_\_\_ with area code

Current Address: \_\_\_\_\_  
including city, state, zip  
\_\_\_\_\_  
\_\_\_\_\_

### APPLICATION INSTRUCTIONS:

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form or the Human Resources supervisor and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please thoroughly read all statements contained in this Application Form.
2. Complete all pages of this form completely and accurately.
3. Print clearly. Incomplete or illegible applications will not be processed.
4. Do not fill out any other attached forms unless and until instructed.

### APPLICANT NOTE:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. This application applies only to the position specified. It is considered inactive after \_\_\_\_ days. If at any time after this point you wish to be considered for employment with this company, another application will have to be completed.

### EEO STATEMENT

We are an Equal Employment Opportunity employer, and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, age, disability, sex, or any other characteristic protected by State or Federal law.

**AVAILABILITY**

- Are you legally authorized to work in the United States?  Yes  No
- Are you under the age of 18, and can you provide proof of eligibility to work?  Yes  No
- On what date can you start? \_\_\_\_\_
- What job category would you prefer?  Full-time  Part-time  Temporary  On Call/Casual
- For what schedules would you be available?  Weekdays  Weekends  Days  Evenings  
 Overtime  All Shifts  Other

**EDUCATION**

Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+  
(secondary) (post-secondary)

Name	City/State	Degree Earned
High School		
College		
Other		

**BACKGROUND**

Have you ever been convicted of a crime (other than a moving violation) or served time?  Yes  No  
 If so, please describe below. *Conviction of a crime does not automatically disqualify you from employment.*

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**JOB RELATED SKILLS**

1. Have you received a job description or had the requirements of the job explained to you?  Yes  No
2. Do you understand these requirements?  Yes  No
3. Can you perform the requirements of this job with or without reasonable accommodation?  Yes  No
4. If the job requires you to drive, do you have the appropriate valid driver's license?  Yes  No  
 If so, please complete the following:

DL # \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

Have you had any moving violations?  Yes  No

If "Yes" please describe \_\_\_\_\_

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or organization.

**EMPLOYMENT HISTORY**

Your application may not be considered unless every question is answered. Since we may contact previous employers, correct telephone numbers are essential.

<b>MOST RECENT EMPLOYER</b>	<p style="text-align: right;">Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Company Name _____ City _____ State _____ Phone Number with Area Code _____</p> <p>From (month/year) _____ To (month/year) _____ Supervisor's Name/Number _____</p> <p>Job Title _____ \$ _____ Pay <input type="checkbox"/> Hourly <input type="checkbox"/> Annually</p> <p>Duties: _____</p> <p>Reasons for Leaving: _____</p>
<b>SECOND MOST RECENT EMPLOYER</b>	<p style="text-align: right;">Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Company Name _____ City _____ State _____ Phone Number with Area Code _____</p> <p>From (month/year) _____ To (month/year) _____ Supervisor's Name/Number _____</p> <p>Job Title _____ \$ _____ Pay <input type="checkbox"/> Hourly <input type="checkbox"/> Annually</p> <p>Duties: _____</p> <p>Reasons for Leaving: _____</p>
<b>THIRD MOST RECENT EMPLOYER</b>	<p style="text-align: right;">Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Company Name _____ City _____ State _____ Phone Number with Area Code _____</p> <p>From (month/year) _____ To (month/year) _____ Supervisor's Name/Number _____</p> <p>Job Title _____ \$ _____ Pay <input type="checkbox"/> Hourly <input type="checkbox"/> Annually</p> <p>Duties: _____</p> <p>Reasons for Leaving: _____</p>

**REFERENCES:**

Include only individuals familiar with your work capabilities. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

**CERTIFICATION:**

I certify the answers given to me by the foregoing questions and any statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts regarding information called for in this application may result in rejection of my application, or discharge at any time during my employment. I also agree that, if company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that if I am hired, my employment shall be “at-will”, and that either the Company or I can choose to terminate the employment relationship for any reason, or no reason at all, without notice.

**AUTHORIZATION:**

I understand that background, drug, or medical testing may be conducted on me as part of the process to determine my fitness for employment, and hereby agree to submit to such testing. I authorize all persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities to release any information concerning my background or test results, and hereby release any said persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Applicant’s Full Name *(please print)* \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

## DISCLOSURE & RELEASE AUTHORIZATION

In connection with my application for employment with you, I understand that you may be requesting information concerning my driving record, credit history, criminal history, educational history, professional licensure and certification, workers' compensation claims, and/or other records available from various state, private, and insurance sources. Workers' compensation information will only be requested in compliance with the ADA.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EDUCATIONAL INSTITUTION, EMPLOYER OR INSURANCE COMPANY TO FURNISH THE ABOVE-MENTIONED INFORMATION, AND AGREE TO RELEASE THEM FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING SUCH INFORMATION.

I further acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including the State Departments of Labor.

TODAY'S DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

The following must be filled out completely: (Please print)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

OTHER NAMES I AM/HAVE BEEN KNOWN BY \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OTHER CITIES/STATES IN WHICH I HAVE LIVED \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH (MONTH, DAY, YEAR) \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE IN WHICH DRIVER'S LICENSE WAS ISSUED \_\_\_\_\_

- I would like to receive a copy of the Consumer Report. You may be entitled to receive additional information regarding the nature and scope of this report from the Consumer Reporting Agency. *(This option may not be available in all states).*

Notarization is required only by certain states.  
If using an embossed seal, please shade with a black crayon to clearly show raised area when faxing.  
Subscribed and sworn before me;

\_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

### FOR EMPLOYER USE ONLY

ACCOUNT NUMBER \_\_\_\_\_

YOUR NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

- CHECK THE ONES THAT APPLY**
- Search(es) Requested:
- Workers' Compensation from these states: \_\_\_\_\_
  - Driving record (MVR) from these states: \_\_\_\_\_
  - Criminal History from these states and/or counties: \_\_\_\_\_
  - Other \_\_\_\_\_
  - This background check is required by the following law: \_\_\_\_\_

**INFORMATION ON THIS PAGE WILL NOT BE KEPT IN YOUR PERSONNEL FILE**

# AFFIRMATIVE ACTION QUESTIONNAIRE

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required governmental record keeping or reporting requirements. **This information is not part of your employment application and will not be considered in the employment/selection process.** The information requested is voluntary, and you will not be subjected to any adverse treatment for choosing not to complete the questionnaire.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Title of job applied for: \_\_\_\_\_

What is your gender?

- Male
- Female

What is your race/ethnic origin?

- White:** (not of Hispanic origin), a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American:** (not of Hispanic origin), a person having origins in any of the Black African racial groups.
- Hispanic or Latino:** a person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture of origin, regardless of race.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- American Indian or Alaskan Native:** all persons having origins in any of the original peoples of North America and who maintain identifiable tribal affiliations through membership and participation or community recognition.
- Two or more races.**

Do you have a mental or physical disability?

- Yes
- No

Disability is defined as having a physical, sensory, or mental impairment (or condition) that materially (or significantly) limits one or more major life activities; having a record of such impairment; or being regarded as having such an impairment.

What is your Veteran/U.S. Military status?

- Non-Veteran
- Pre-Vietnam Veteran
- Pre-Vietnam Veteran with service incurred disability/
- Vietnam Era Veteran (8/5/64-5/7/75)
- Vietnam Era Veteran with service incurred disability
- Post Vietnam Veteran
- Post Vietnam Veteran with service incurred disability

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