

APPLICATION FOR EMPLOYMENT

P E R S O N A L	(Last Name) (First) (Middle)	Date:
	Address:	Phone Number: () -
	City: State: Zip:	Email Address:
	Position Desired: Shift Desired:	
	Are you able to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp/Summer	Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Check all shifts you are available to work: <input type="checkbox"/> 1st shift <input type="checkbox"/> 2nd shift <input type="checkbox"/> 3rd shift	Have you ever applied with this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when _____
	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, may we contact your present employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Who referred you to our company?
	Are you available to work overtime when necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not, please explain:</i>	On what date are you available to work?
Is there any reason you cannot work on Saturday or Sunday? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>	Expected Salary:	

E D U C A T I O N	School	Name and Location	# of Years Attended	Did you Graduate?
	High School (List GED or Equivalent)			<input type="checkbox"/> Yes <input type="checkbox"/> No
	College			<input type="checkbox"/> Yes <input type="checkbox"/> No
	University			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Business, Trade, Correspondence School			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

M I L I T A R Y	Have you ever served in the U.S. Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service:
	Date Entered:	Date Separated:
	Type of Separation:	
	Present Military Status:	

WORK HISTORY

(List below all present and former employment, beginning with the most recent)

1.	Name of Present Employer:	Phone:
	Address:	Starting Date:
	Position:	Ending Date:
	Reason for Leaving:	Salary:
2.	Next Previous Employer:	Phone:
	Address:	Starting Date:
	Position:	Ending Date:
	Reason for Leaving:	Salary:
3.	Next Previous Employer:	Phone:
	Address:	Starting Date:
	Position:	Ending Date:
	Reason for Leaving:	Salary:
4.	Next Previous Employer:	Phone:
	Address:	Starting Date:
	Position:	Ending Date:
	Reason for Leaving:	Salary:

OFFICE / COMPUTER SKILLS

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Personal Computer | <input type="checkbox"/> Microsoft Office | |
| <input type="checkbox"/> Typing (Words per Minute) _____ | <input type="checkbox"/> Word | <input type="checkbox"/> Access |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Excel | <input type="checkbox"/> PowerPoint |
| <input type="checkbox"/> 10 Key (adding machine) | <input type="checkbox"/> Email (Outlook) | <input type="checkbox"/> Project |
| <input type="checkbox"/> Other Machines _____ | | |
| <input type="checkbox"/> Other Software _____ | | |

Describe any specialized training, apprenticeship, skills and extra-curricular activities which you consider relevant to your ability to perform the type of work you are applying for:

Name any relatives or friends employed by the Company: _____

Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If offered employment, you will be required to provide documentation to verify eligibility.)</i>
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No

In regards to the job for which you are applying, do you have the ability to perform the specific job functions with or without a reasonable accommodation? Yes No

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with physical or Mental Handicaps.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information, or the presence of a non-job-related medical condition or handicap, will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

- Handicapped Individual
 Disabled Veteran
 Vietnam Era Veteran

Signed: _____

EMPLOYMENT STATEMENT: (PLEASE READ CAREFULLY AND SIGN)

To be considered for employment, I agree to submit to drug and criminal background screening, and possibly a physical exam, if I receive an offer of employment. I understand that I must be able to perform the essential functions of the job to be offered employment and to stay employed.

I agree to conform to the rules and regulations of the Company and any revisions thereof.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and authorize the referenced listed to give any and all information concerning any previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. The Company is hereby authorized to obtain consumer reports about me where necessary for the job applied.

If I am offered and accept employment, my employment will not be for a definite term and either the Company or I will be free to end the employment relationship at any time. I understand that any contract regarding my employment must be in writing and signed by the President of the company.

It is understood that this application for employment will remain active for 3 months; after 3 months reapplication will be necessary.

Signature of Applicant _____ Date: _____

Date Hired/Starting Date:	Exempt / Non-Exempt	
Job Title:	Department:	Dept. Code:
Shift	Starting Salary:	per hour / per year

R E F E R E N C E S	Please provide three (3) professional or personal references. Please avoid listing family members.		
	Name	Relationship (Co-Worker, Etc.)	Telephone Number