



APPLICATION FOR EMPLOYMENT
 WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Thank you for your interest in employment opportunities with our company. Please complete all sections of this application to assist us in fully evaluating your qualifications. *Applications that are not complete or that contain information not requested will not be considered.*

PLEASE PRINT LEGIBLY USING BLACK OR BLUE INK

Last Name	First Name	Middle Initial	Today's date:		
Current Address <i>(Street, Apartment Number / City, State, Zip Code)</i>			Home Telephone Number ()		
Previous Address <i>(If at current address less than five years)</i>			<input type="checkbox"/> Daytime, <input type="checkbox"/> Cellphone, <input type="checkbox"/> Message, or <input type="checkbox"/> Pager Number ()		
Do you have a current and valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Issuing State	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address	
Driver's License number					
If offered employment, can you provide proof of eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Please list any other name(s) under which you have worked:		
Have you ever been employed by our company, or any of its subsidiary companies? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please give location, dates of employment, and position(s) held:		
How did you become aware of the opening you are applying for?			Names of relatives or friends employed here (if any):		

POSITION OBJECTIVE

What position or type of work are you applying for?			Willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you interested in: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer		Date available for employment:	Minimum pay requirements: \$		
Please list relevant equipment that you know how to use: _____ _____			Will you work: Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Second Shift? <input type="checkbox"/> Yes <input type="checkbox"/> No Third Shift? <input type="checkbox"/> Yes <input type="checkbox"/> No		

U.S. MILITARY SERVICE

Branch of service:	Starting rank:	Rank at separation:	Length of service: _____ years _____ months
Duties while in service: _____		Military service schools <i>(please list schools attended, subjects studied, and length of time in each school):</i>	

Are you available for work on weekends?..	<input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, would you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you speak, write or understand any foreign languages?.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which languages?	
What days and hours are you available to work?			

Are you able to perform the essential functions of the job which you are applying, either with or without reasonable accommodation?

Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and skill and agility tests.)

Answer the following questions if you are applying for a professional position:

Are you licensed certified for the job you are applying for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of license or certification
Issuing state:	License certification number	Has your license ever been re-voaked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement

(Note: No applicant will be denied employment solely of the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

REFERENCES

Please provide the names, addresses, and telephone numbers of at least two references who are not family members or past supervisors. (If you have more than two references, you may attach an additional page.)

Name _____ Street Address _____ City, State, Zip _____ (_____) _____ Telephone Number _____	Name _____ Street Address _____ City, State, Zip _____ (_____) _____ Telephone Number _____
Occupation _____ No. of years Acquainted _____	Occupation _____ No. of years Acquainted _____

EMPLOYMENT HISTORY

This portion of your application must be completed *in full*, even if supplemented by a resume. Starting with your most recent position, please list all employment and activities, including self-employment and military service, for the past seven years (attach an additional sheet if more space is needed). *Periods of unemployment exceeding one month should be listed in the space provided on page four.*

APPLICANTS MAY BE ASKED TO FURNISH PROOF OF WAGES

Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current or most recent employer _____ Street Address _____ City, State, Zip _____ Dates Employed: ____ / ____ to ____ / ____	Type of Business _____ (_____) _____ Telephone Number _____	Supervisor's Name and Title _____ Your Job Title _____	
Your job duties at this employer: _____ _____		Reason for leaving: _____ _____	
Employer _____ Street Address _____ City, State, Zip _____ Dates Employed: ____ / ____ to ____ / ____	Type of Business _____ (_____) _____ Telephone Number _____	Supervisor's Name and Title _____ Your Job Title _____	
Your job duties at this employer: _____ _____		Reason for leaving: _____ _____	
Employer _____ Street Address _____ City, State, Zip _____ Dates Employed: ____ / ____ to ____ / ____	Type of Business _____ (_____) _____ Telephone Number _____	Supervisor's Name and Title _____ Your Job Title _____	
Your job duties at this employer: _____ _____		Reason for leaving: _____ _____	

Employer	Type of Business	(_____) Telephone Number
Street Address	Supervisor's Name and Title	
City, State, Zip	Your Job Title	
Dates Employed: ____ / ____ to ____ / ____		
Your job duties at this employer:		Reason for leaving:
_____		_____
_____		_____

Please identify and explain all periods of unemployment in excess of one month during the past seven years:

From	To	Reason for unemployment:

GENERAL EDUCATION Circle highest grade level completed 1 2 3 4 5 6 7 8 9 10 11 12 GED

High School or Vocational School	Location	Course of Study

ADVANCED EDUCATION AND TRAINING
(College, university, trade school, etc.)

Degrees will be verified. Transcripts of school or college coursework may be requested.

Name of Institution		Location or address			
Dates attended: From ____ / ____ To ____ / ____		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Credits Completed	Major	Minor (if any)
Overall GPA	GPA in Major	Degree granted:			
Name of Institution		Location or address			
Dates attended: From ____ / ____ To ____ / ____		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Credits Completed	Major	Minor (if any)
Overall GPA	GPA in Major	Degree granted:			

Please list any honors, scholarships, fellowships, publications, or thesis topics, as well as special courses or seminars taken. _____

ADDITIONAL INFORMATION

Please provide any other information that you feel would be helpful to us in evaluating your qualifications, such as special skills, training or qualifications acquired from other experiences or employment, professional or civic organizations you belong to, etc. *Do not list information revealing race, religious creed, national origin, gender, age, ancestry, disability, or other protected status.*

Authorization and acknowledgement

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I understand all employment with the company is at-will meaning the terms and conditions of employment may change with or without notice, with or without cause, including, but not limited to, termination, demotion, promotion, compensation, job duties, benefits, and location of work and that there is no express or implied promise of long term employment.

Initials _____

Applicant's Printed Name

Date

Applicant's Signature

Our company is an equal opportunity employer. It is the policy of this company to consider all applications on the basis of merit without regard to race, color, religion, sex, gender, gender expression, gender identity, pregnancy, age, national origin, ancestry, marital status, veteran status, physical or mental disability, medical condition, genetic information, sexual orientation, or any other protected characteristic. Furthermore, we comply with the ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Please note that you may be subject to passing a medical examination as well as skill and agility tests.