Application for Employment



Instructions: It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability, veteran status, age, or any other protected characteristic.

Name LAST FIRST	M	Phone ()
Address			STATE ZIP CODE
Position applied for			STATE ZIP CODE
Social Security #			
Shift preferred			
Expected pay			
Would you accept full-time work? ☐ Yes	□No		
Would you accept part-time work? ☐ Yes	□No		
On what date would you be available for work?			
Have you ever been employed here?	□ No □ Yes		
If yes, please give dates			
If you are under 18 years old, can you provide a	work permit if required?	Yes No	
Are you legally eligible for employment in the U	nited States? No Yes	(If yes, proof is required if	hired.)
Are you able to perform the essential functions. This question is not designed to elicit information of a disability, particular accommodation, or wheetent permitted by law.	on about an applicant's disability.	Please do not provide inform	nation about the existence
☐ Yes ☐ No ☐ Need more information abo	ut the job's "essential functions" t	o respond.	
Explain any gaps in your employment, other tha	n those due to personal illness, ir	njury or disability.	
Have you ever been fired or asked to resign from If yes, please explain	,		
Special Training or Skills			
Languages, machine operation, etc., that would	be of benefit in the job for which	you are applying.	

Employment Experience

Place an X by the employer(s) you **DO NOT** want us to contact. List your most recent employer first.

	Employer			
	Contact Name			
	Address		Phone ()
	Job Title	_ Supervisor		
	Dates employed: from (mm/yy) to (mm/yy)	Hourly rate/salary:	starting/_	final/
	Work performed			
	Reason for leaving			
	Employer			
	Contact Name			
	Address		Phone ()
	Job Title	_ Supervisor		
	Dates employed: from (mm/yy) to (mm/yy)	Hourly rate/salary:	starting/	final/
	Work performed			
	Reason for leaving			
_				
Ш	Employer			
	Contact Name			`
	Address			
	Job Title			
	Dates employed: from (mm/yy) to (mm/yy)/	·	starting/_	final/
	Work performed			
	Reason for leaving			
	Employer			
	Contact Name			
	Address		Phone ()
	Job Title			
	Dates employed: from (mm/yy) to (mm/yy)/			
	Work performed			
	Reason for leaving			

Educational Background

gh School:		Locatio	on	
Course of study	Did you graduate?	Yes	□No	Degree or diploma
llege:		Locatio	on	
Course of study	Did you graduate?	Yes	□No	Degree or diploma
duate School:		Locatio	on	
ourse of study	Did you graduate?	Yes	□No	Degree or diploma
cational Training/Other:		Locatio	on	
ourse of study	Did you graduate?	Yes	□No	Degree or diploma
tinuing Education				
misleading information, omissions or employment may be terminated at an		pplication r	may be re	ejected, and if I am employed, my
not form a contract of employment ei	apany's rules and regulations, and I unde ther expressed or implied, and I agree th hout notice, at any time, at either my or t	at my emplo	oyment a	and compensation can be terminated,
without notice, at any time by the con	erms and conditions of my employment apany. I understand that no company rep, has any authority to enter into any agree e forgoing.	resentative	, other th	han its president, and then only when
all references (personal and profession verify the accuracy of all information claims I may have regarding the empl	ion, the employer, its representatives, en nal), employers, public agencies, licensing provided by me in this application, resur oyer, its agents, employees or representate ful manner, in the employment process and	g authoritie né or job in ives, for see	s and ed iterview. eking, ga	ucational institutions and to otherwise I hereby waive any and all rights and thering and using truthful and
	ains current for only 30 days. At the con ployment, it will be necessary for me to r			
Applicant's signature				Date/