



EMPLOYMENT APPLICATION

APPLICANT 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 and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE."
2. Complete both sides of this form.
3. If more space is needed to complete any question, use comments section on the back.
4. Print clearly; incomplete or illegible applications will not be processed.

TODAY'S DATE: _____

NAME: _____
LAST FIRST MI.

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET CITY STATE ZIP

PRIOR ADDRESS: _____
STREET CITY STATE ZIP

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to complete a medical history form and are required to be examined by a medical professional designated by the company.

AVAILABILITY

For which position are you applying? _____

What date can you start? _____ What category would you prefer? Full Time Part Time Temporary

For what schedules are you available? Weekdays Weekends Evenings Nights Overtime Shift Other _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

Are you currently on "lay-off" status and subject to recall? Yes No

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+
NAME CITY/STATE GRADUATE? DEGREE?

NAME	CITY/STATE	GRADUATE?	DEGREE?
HIGH SCHOOL			
COLLEGE			
OTHER			

SECURITY

List states and counties of residence for the past seven years. _____

Yes No Have you used any names or Social Security Numbers other than those on this page. If so, please list on back.

JOB-RELATED SKILLS

Yes No Have you been given a job description or had the requirements of the job explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the essential functions of this job with or without reasonable accommodation? Please describe any accommodations required. _____

Yes No If the job so requires, do you have the appropriate valid driver's license? Proof of a valid driver's license will be required prior to commencement of employment.

Yes No Have you have any moving violations? Please describe only if the job requires driving. _____

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 company.

EMPLOYMENT REFERENCES

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, **the correct telephone numbers of past employers are critical.**

MOST RECENT EMPLOYER	Yes	No	Are you currently working for this employer? If yes, may we contact?
	Yes	No	
_____ COMPANY NAME	_____ CITY	_____ STATE	() PHONE NUMBER
FROM _____ TO _____ DATES EMPLOYED	_____ JOB TITLE	_____ SUPERVISOR NAME	
_____ DUTIES	_____ REASON FOR LEAVING		
_____ SALARY	_____ PER (HOUR, WEEK, MONTH)		

SECOND MOST RECENT EMPLOYER			
_____ COMPANY NAME	_____ CITY	_____ STATE	() PHONE NUMBER
FROM _____ TO _____ DATES EMPLOYED	_____ JOB TITLE	_____ SUPERVISOR NAME	
_____ DUTIES	_____ REASON FOR LEAVING		
_____ SALARY	_____ PER (HOUR, WEEK, MONTH)		

THIRD MOST RECENT EMPLOYER			
_____ COMPANY NAME	_____ CITY	_____ STATE	() PHONE NUMBER
FROM _____ TO _____ DATES EMPLOYED	_____ JOB TITLE	_____ SUPERVISOR NAME	
_____ DUTIES	_____ REASON FOR LEAVING		
_____ SALARY	_____ PER (HOUR, WEEK, MONTH)		

REFERENCES

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

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

COMMENTS

ASK FOR AN ADDITIONAL PAGE, IF NECESSARY

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one on this form and that the answers given by me to the foregoing questions and the 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 called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy required, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE
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