



APPLICATION FOR EMPLOYMENT

Position You Are Applying For: _____ Date: _____

Date Available For Work: _____ Desired Salary: _____

PERSONAL INFORMATION

FULL LEGAL NAME _____ SS# _____

ADDRESS _____ CITY/STATE/ZIP _____

HOME PHONE/CELL _____ EMAIL: _____

ARE YOU A US CITIZEN? YES NO ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

Are you prevented from lawful employment in the USA because of visa or immigration status? YES NO (Proof required)

HAVE YOU EVER BEEN CHARGE WITH A CRIME? IF YES, EXPLAIN: _____

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? YES NO DATES: _____

HAVE YOU EVER BEEN EMPLOYED BY US BEFORE? YES NO DATES: _____

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? YES NO

IF SELECTED ARE YOU WILLING TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREENING TEST? YES NO

EDUCATION

School Name	Location	Years Attended/Completed	Degree/Diploma	Major/Course Study

Other training, certifications, skills or licenses: _____

Applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, presence of a non-job-related medical condition or handicap, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT (LAST 10 YEARS)

EMPLOYER: _____ DATES EMPLOYED: FROM: _____ TO: _____
 ADDRESS: _____ CITY/STATE/ZIP _____
 WORK PHONE: _____ RATE OF PAY: _____ POSITION HELD: _____
 DUTIES PERFORMED: _____

 SUPERVISOR: _____ PHONE NUMBER: _____
 REASON FOR LEAVING: _____
 MAY WE CONTACT THEM? YES NO

EMPLOYER: _____ DATES EMPLOYED: FROM: _____ TO: _____
 ADDRESS: _____ CITY/STATE/ZIP _____
 WORK PHONE: _____ RATE OF PAY: _____ POSITION HELD: _____
 DUTIES PERFORMED: _____

 SUPERVISOR: _____ PHONE NUMBER: _____
 REASON FOR LEAVING: _____
 MAY WE CONTACT THEM? YES NO

HAVE YOU EVER SERVED IN THE US MILITARY SERVICE? YES NO DATES: FROM: _____ TO _____
 DUTIES PERFORMED: _____

 WERE YOU HONORABLY DISCHARGED? YES NO RANK /PAY GRADE: _____
 IF NO EXPLAIN: _____

REFERENCES

NAME	TITLE	COMPANY	PHONE

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that all answers given herein are true and complete to the best of my knowledge.
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
 I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be change by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
 In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

 Signature of Applicant

 Date