



## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Special Training or skills(languages, Machine operation, etc.) that would benefit you in the job for which you are applying: \_\_\_\_\_

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? ☐ Yes ☐ No If yes, dates \_\_\_\_\_

Are you legally eligible for employment in the United States? (If Yes, proof is required if hired.) ☐ Yes ☐ No

If you are under 18 years old, can you provide a work permit if required? ☐ Yes ☐ No

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

☐ Yes ☐ No ☐ Need more information about the job/s essential functions to respond.

### Education

**High School:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
Course of study \_\_\_\_\_ Did you graduate? ☐ Yes ☐ No Degree or Diploma \_\_\_\_\_

**College:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
Course of study \_\_\_\_\_ Did you graduate? ☐ Yes ☐ No Degree or Diploma \_\_\_\_\_

**Graduate School** \_\_\_\_\_ **Location** \_\_\_\_\_  
Course of study \_\_\_\_\_ Did you graduate? ☐ Yes ☐ No Degree or Diploma \_\_\_\_\_

**Vocational Training/Other:** \_\_\_\_\_ **Location** \_\_\_\_\_  
Course of study \_\_\_\_\_ Did you Graduate? ☐ Yes ☐ No Degree or Diploma \_\_\_\_\_

## Employee Experience

Place an X by the employer(s) you DO NOT want us to contact. List your most recent employer first. You may include any verified work performed on a volunteer basis.

Employer \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Job Title \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_/\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Job Title \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_/\_\_\_\_

Reason for leaving \_\_\_\_\_

### Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all reference (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only **30 days**. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. This Company takes all harassment complaints seriously and investigates each one promptly and thoroughly.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_