

# Application for Employment

*You will be required to sign our Drug Free Workplace Policy during the orientation process.*

## ABOUT OUR COMPANY

Date of application \_\_\_\_\_

Thank you for your interest in applying for a job with our Company. Because of our commitment to offering the highest possible satisfaction to our customers, we are only interested in hiring the best. We want to have complete understanding of your qualifications, motivations and interests, so that we can make careful and deliberate hiring decisions that will benefit both the Company and our employees. Please answer the following questions honestly, completely and thoughtfully.

We are an Equal Opportunity Employer and do not discriminate on the basis on race, color, religion, sex, national origin, age, marital status or veteran status, or handicap or disability.

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## PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last name) (First Name) (Middle Initial)

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone: ( ) \_\_\_\_\_ Social Security No. \_\_\_\_\_

If you are under 18 years of age, do you have a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have ever worked under another name, please identify: \_\_\_\_\_

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## YOUR JOB INTERESTS

Position Desired: \_\_\_\_\_ Date you can start work: \_\_\_\_\_

What starting salary or wage do you expect: \$ \_\_\_\_\_ / hr. \$ \_\_\_\_\_ / wk. \$ \_\_\_\_\_ / month

Are you available for fulltime work? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you available for part-time work? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work any shift? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any days of the week when you would not be available to work? Please Specify: \_\_\_\_\_

How did you learn about his job opening? \_\_\_\_\_

Have you ever worked for this Company before? Yes \_\_\_\_\_ No \_\_\_\_\_

When? \_\_\_\_\_ Who was your supervisor? \_\_\_\_\_

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## YOUR EDUCATION AND TRAINING

Please circle Highest Grade completed:

Grade School: 1 2 3 4 5 6 7 8 High 9 10 11 12 College 1 2 3 4 5 Trade/Tech 1 2 3 4 5

What was the last year you attended? \_\_\_\_\_

What extracurricular activities did you participate in, or special skills did you acquire, at the above-circled school(s) which might be helpful for the job in which you are applying? \_\_\_\_\_

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## YOUR WORK EXPERIENCE

Beginning with your present or more recent employer, describe your employment experiences below:

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you on layoff and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, to where? \_\_\_\_\_

I. Present or last employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Kind of Business: \_\_\_\_\_

Starting position: \_\_\_\_\_ Pay \$ \_\_\_\_\_

Final Position: \_\_\_\_\_ Pay \$ \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name & Title of Supervisor: \_\_\_\_\_

Description of your work and responsibilities: \_\_\_\_\_

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

Will you receive a satisfactory reference from this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "NO", please explain: \_\_\_\_\_

May we contact your present employer at this time? Yes \_\_\_\_\_ No \_\_\_\_\_ If "NO", please explain: \_\_\_\_\_

2. Next previous employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Kind of Business: \_\_\_\_\_

Starting position: \_\_\_\_\_ Pay \$ \_\_\_\_\_

Final Position: \_\_\_\_\_ Pay \$ \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_

Description of your work and responsibilities: \_\_\_\_\_

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

Will you receive a satisfactory reference from this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "NO", please explain: \_\_\_\_\_

**PERSONAL INFORMATION**

Do you have, or have you applied for the legal right to remain permanently and work in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been discharged or asked to resign by an employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "YES" please explain: \_\_\_\_\_

A record of criminal conviction will not necessarily be a bar to employment, since the Company will consider factors such as age, time of the offense, the nature and seriousness of the violation, and the evidence of rehabilitation in making any employment decision.

Have you ever been convicted of a crime, other than minor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answer is "YES", please explain and include dates: \_\_\_\_\_

Please provide your Parole Officer's name & contact number: \_\_\_\_\_

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**Please complete this section if the job for which you are applying might require you to drive Company Vehicles.**

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

License number and state: \_\_\_\_\_

Have you had any accidents in the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please give details including dates: \_\_\_\_\_

Have you been cited for any moving violations in the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes" please explain and include dates: \_\_\_\_\_

Has your driver's License ever been suspended, revoked, denied or canceled? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please explain and include dates: \_\_\_\_\_

Do you have a Commercial Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

Indicate any FOREIGN languages you can speak, read and/or write:

Language

Speak: _____	Fluent	Good	Fair
Read: _____	Fluent	Good	Fair
Write: _____	Fluent	Good	Fair

**REFERENCES**

Completing this section of the application is optional. Leave this area blank if you do not wish to answer. List the names of any professional or personal character references who have known you for the last three years and from whom you can obtain letters of recommendation. Please do not list relatives:

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to applicant: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to applicant: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to applicant: \_\_\_\_\_

**PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY**

By signing below, I certify that I have read, understand and agree to each of the following statement:

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge and I have not knowingly withheld any information, which, if known to the company, would affect my application unfavorably.

If the Company hires me, and if the Company discovers at anytime during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

This employment application will be considered active for ninety (90) - days from the date below. If I want to be reconsidered for a job with the Company after this period of time I must fill out another application.

I agree to submit to a medical examination, which may include testing for drugs or alcohols prior to beginning work with the Company. I understand that if the Company employs me, I may be required, when the job related and consistent with the Company's business needs, to undergo a medical examination or testing for alcohol. I further understand that I may be required to submit to a test for the use of illegal drugs at anytime.

In consideration of my employment with the Company, I agree to abide by all the Company's rules and regulations.

I understand that nothing in this employment application creates a contract of employment between the Company and me. If I am hired by the company, my employment and compensation are "AT WILL" which means that my employment can be terminated, either by the Company or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, that is not an at will agreement. Only the President of the Company has the authority to enter into an employment agreement with me for any specified period of time.

I agree to release to the Company or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations and opinions held by my medical personnel, to the extent such information is job-related and consistent with the Company's business needs. I acknowledge that this is a general release and that if I am hired; it remains in effect for the duration of my employment.

In the event of my personal indebtedness to the company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.

I give the Company my permission to conduct any investigation regarding the information contained in my employment application, which the Company thinks is necessary to determine my qualifications for assuming a job with the Company. I give the Company my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference or any other appropriate source or individual for the purpose of gathering information any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record, and I give my consent to any such source to release to the Company whatever information they may have about me. I also unconditionally release all named and unnamed sources from any and all liability, which might result from furnishing any information about me.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Print: \_\_\_\_\_

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