# EMPLOYMENT APPLICATION

*We are an equal opportunity employer. All applicants are considered without regard to race, color, religion, disability, sex, national origin, age (for those age 40 or over), or any other basis protected by federal, state, or local law. This employment application is only active for 30 days. After this time period a separate employment application must be submitted in order to be considered for employment.*

## PERSONAL

*PLEASE PRINT CLEARLY* *Date*_____

First Name _____ Middle _____ Last _____

Street Address _____ Social Security No. _____

City/State/Zip _____ Phone (___) _____

How did you find out about this job? ❒ Newspaper ❒ Referral ❒ Other _____

If hired, do you have a reliable means of transportation to get to work? ❒ Yes ❒ No What is it? _____

Minimum salary expected _____ Are you at least 18 years old? ❒ Yes ❒ No

If the job you are applying for requires driving: Driver's License No. _____ State _____ Expiration Date _____

Are you legally eligible for employment in the U.S.? ❒ Yes ❒ No (Proof of U.S. citizenship or immigration status will be required if hired.)

Have you been convicted of a crime? ❒ Yes ❒ No If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

_____

## EMPLOYMENT DATA

Are you seeking: ❒ Temporary ❒ Full-time ❒ Part-time What position(s) are you applying for? _____

What hours and shift(s) would you prefer to work? _____

What hours and shift(s) would you prefer not to work? _____

Please indicate any shift(s) you would not be available to work. _____

Are you willing to work overtime? ❒ Yes ❒ No Weekends? ❒ Yes ❒ No Holidays? ❒ Yes ❒ No

Are you currently employed? ❒ Yes ❒ No If hired, when would you be able to start? _____

Have you ever worked for this organization before? ❒ Yes ❒ No If yes, name used: _____

List any friends or relatives employed by this company: _____

Are you on layoff and subject to recall? ❒ Yes ❒ No

Have you ever been discharged or asked to resign from any position? ❒ Yes ❒ No If yes, please describe: _____

_____

How many days have you missed from school or work within the last year other than approved vacation, sick, or disability leave? _____

How many days have you been late to school or work within the last year other than approved vacation, sick, or disability leave? _____

Please describe: _____

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks without reasonable accommodation? ❒ Yes ❒ No Please describe which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need: _____

_____

## EDUCATION (Circle highest level attained.)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D. College: 1 2 3 4 5 6 7 8

Name of School: _____ Name of School: _____ Name of School: _____

Location of School: _____ Location of School: _____ Location of School: _____

If currently in high school, are you enrolled in a recognized co-op program? ❒ Yes ❒ No Degree & Major: _____

If yes, identify program and school: _____ Minor: _____

## MILITARY SERVICE

Are you a veteran? ❒ Yes ❒ No If yes, give dates of service: From _____ To _____ List any special skills or training: _____

## WORK HISTORY (Please list your last four employers. Begin with the most recent.)

1. Company _____ Phone No. with Area Code (___) _____
   Address _____ City/State/Zip _____
   Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
   Job Title _____ Supervisor's Name & Title _____
   Describe duties briefly: _____
   Specific reason for leaving: _____
2. Company _____ Phone No. with Area Code (___) _____
   Address _____ City/State/Zip _____
   Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
   Job Title _____ Supervisor's Name & Title _____
   Describe duties briefly: _____
   Specific reason for leaving: _____
3. Company _____ Phone No. with Area Code (___) _____
   Address _____ City/State/Zip _____
   Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
   Job Title _____ Supervisor's Name & Title _____
   Describe duties briefly: _____
   Specific reason for leaving: _____
4. Company _____ Phone No. with Area Code (___) _____
   Address _____ City/State/Zip _____
   Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
   Job Title _____ Supervisor's Name & Title _____
   Describe duties briefly: _____
   Specific reason for leaving: _____

May we contact all of the employers listed above? ❒ Yes ❒ No If not, tell us which one(s) you do not wish us to contact and why.

_____

How many jobs have you had in the last five years not listed above? _____

Why are you seeking a new position at this time? _____

List any business-related outside interests and organizations you're active in: _____

_____

## PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third-party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment will be conditional upon passing such examination. During my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician. **I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing.** I have read and agree to the above.

Applicant's Signature _____ Date _____

***Check over the foregoing application, making sure it is complete and signed.***

# REFERENCE VERIFICATION FORM

*PLEASE PRINT*

Applicant's First Name _____ Middle _____ Last _____

I give _____ , the "Company", permission to obtain the employment references necessary to make an informed hiring decision and hold all persons giving references free from any and all liability. I waive any provision which would prevent the release of this information and agree to provide any additional information necessary to encourage the accurate completion of this reference verification form.

_____ _____

Signature Date

## COMPANY INFORMATION

| Company | Address | Phone | From Mo. & Yr. | To Mo. & Yr. |
|---|---|---|---|---|
| Job Title | Reason for leaving | | Supervisor's Name and Title | |
| Briefly describe duties: | | | Starting Salary | Ending Salary |

## JOB INFORMATION

Did you work overtime? ❒ Yes ❒ No How often? _____

Were you ever counseled about attendance or tardiness? ❒ Yes ❒ No If yes, how often? _____

Did you have a performance review? ❒ Yes ❒ No What was your last performance review rating? _____

What comments did your supervisor make at that time? _____

## REFERENCE INFORMATION

*When we speak to your former supervisor, we will ask him or her to rate your performance with regard to the following categories. Please rate yourself as you feel he/she will rate you:*

**TEAMWORK:** The degree to which you are willing to work harmoniously with others; the extent to which you conform to the policies of management.

Unsatisfactory Below Average Average Above Average Outstanding

**DEPENDABILITY:** The extent to which you can be depended upon to be available for work and do it properly; the degree to which you are reliable and trustworthy; the extent to which you are able to work scheduled days and times, as well as your willingness to work additional hours if needed.

Unsatisfactory Below Average Average Above Average Outstanding

**INITIATIVE:** The degree to which you act independently in new situations; the extent to which you see what needs to be done and do it without being told; the degree to which you do your best to be a top employee.

Unsatisfactory Below Average Average Above Average Outstanding

**QUALITY:** The degree to which your work is free from errors and mistakes; the extent to which your work is accurate; the quality of your work in general.

Unsatisfactory Below Average Average Above Average Outstanding

**CUSTOMER SERVICE:** The degree to which you relate to the customer's needs and/or concerns.

Unsatisfactory Below Average Average Above Average Outstanding

**OVERALL PERFORMANCE:** The degree to which your previous employer was satisfied with your efforts and achievements, as well as your eligibility for rehire.

Unsatisfactory Below Average Average Above Average Outstanding

Did you resign from this position? ❒ Yes ❒ No Discharged? ❒ Yes ❒ No Laid-Off? ❒ Yes ❒ No

Were you ever disciplined on the job? ❒ Yes ❒ No Explain: _____