



# Application for Employment

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.*

Position Applying for:	Today's Date:
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**PERSONAL DATA**

Name (last, first, middle)				
Street Address or Mailing Address		City	State	Zip
Email Address		Home Telephone Number		Cell Phone Number
Date of Birth	Social Security Number	DPSST Number		Do you have a High School Diploma or GED?  Yes <input type="checkbox"/> No <input type="checkbox"/>
Date you can start work		Wage Desired		

**POSITION INFORMATION** Check all that you are willing to work

Hours: Full Time <input type="checkbox"/>	Days <input type="checkbox"/>	Swing <input type="checkbox"/>	Type of work: Regular <input type="checkbox"/>
Part Time <input type="checkbox"/>	Evenings <input type="checkbox"/>	Graveyard <input type="checkbox"/>	Temporary <input type="checkbox"/>
Weekends <input type="checkbox"/>			
Are you authorized to work in the U.S. on an unrestricted basis?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant from employment.) If yes, please explain:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Can you perform these essential functions of the job with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have your own vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>		Driver's License Number	

**QUALIFICATIONS** Please list any education or training you feel relates to the position applied for that would help you perform the work; such as schools, colleges, degrees, vocational or technical programs, and military training.

	School Name/Address City State	Degree Received	Areas of Specialization
College			
Vocational/Technical			
Other			

**SPECIAL SKILLS** Please list any special skills or experience that you feel would help you in the position that you are applying for.

**REFERENCES** Please list three professional references not related to you, with full name, address, phone number and relationship. If you don't have three professional references, then list personal, unrelated references.

Name	Address/City/State	Phone	Relationship

**WORK HISTORY** Start with your present or most recent employment and work back. Use a separate sheet if necessary.

<b>Job Title #1</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer?      Yes       No       N/A

<b>Job Title #2</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary

<b>Job Title #3</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

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

\_\_\_\_\_  
Date