

APPLICATION FOR EMPLOYMENT

"WE ARE AN EQUAL OPPORTUNITY EMPLOYER"
(PLEASE PRINT)

PERSONAL																						
Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Last) (First) (Middle) </div>																						
Present Address: _____ (Mailing address, Street, City, State, Zip)																						
How long have you lived at present address? _____	Telephone No: _____ Alt. Telephone No: _____																					
Are you related to any current employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state their name and relationship: _____																						
Position applied for? _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Are you willing to work:</td> <td style="text-align: center; padding: 5px;">Yes</td> <td style="text-align: center; padding: 5px;">No</td> </tr> <tr> <td style="padding: 5px;">Over 40 hours per week?</td> <td style="text-align: center; padding: 5px;">_____</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Irregular shifts?</td> <td style="text-align: center; padding: 5px;">_____</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Nights?</td> <td style="text-align: center; padding: 5px;">_____</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Saturdays or Sundays?</td> <td style="text-align: center; padding: 5px;">_____</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Holidays?</td> <td style="text-align: center; padding: 5px;">_____</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Travel?</td> <td style="text-align: center; padding: 5px;">_____</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> </table>	Are you willing to work:	Yes	No	Over 40 hours per week?	_____	_____	Irregular shifts?	_____	_____	Nights?	_____	_____	Saturdays or Sundays?	_____	_____	Holidays?	_____	_____	Travel?	_____	_____
Are you willing to work:		Yes	No																			
Over 40 hours per week?		_____	_____																			
Irregular shifts?		_____	_____																			
Nights?		_____	_____																			
Saturdays or Sundays?	_____	_____																				
Holidays?	_____	_____																				
Travel?	_____	_____																				
Would you accept any other position? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
Date available for employment?																						
Work skills you possess:																						

_____	Do you have a current driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
_____	What kind? _____																					
_____	Has your driver's license ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
_____	If Yes, Why? _____																					
Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? If yes, describe such condition and explain how you can perform the job for which you are applying in spite of it.																						

If you are not a U.S. citizen, does your VISA or immigration status permit lawful employment? _____ Yes _____ No _____ N/A	If employed, can proof of citizenship or alien registration number be provided? _____ Yes _____ No _____ N/A
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EDUCATION	
Indicated Grade Completed by placing an X in front of the grade	
High School: _____	___ 9 ___ 10 ___ 11 ___ 12 Graduated? _____ Yes _____ No
College: _____	___ 13 ___ 14 ___ 15 ___ 16 Degrees Received: _____
Graduate School: _____	Major: _____
Other Schools (Vocational, Military, etc.): _____	

EMPLOYMENT EXPERIENCE	
Have you ever been employed: _____ Yes _____ No	

If Yes, Position _____	From: _____	To: _____
Reason For Leaving: _____		
Department: _____	Supervisor: _____	

List current and previous employers: (List most current first, next most current, second, etc.)	
May we contact your current employer? _____ Yes _____ No	

Position: _____	Employer Name: _____	
Supervisor: _____	Address: _____	
Telephone Number: _____	Date Worked: From: _____	Pay Rate
	To: _____	\$
Position: _____	Employer Name: _____	
Supervisor: _____	Address: _____	
Telephone Number: _____	Date Worked: From: _____	Pay Rate
	To: _____	\$
Position: _____	Employer Name: _____	
Supervisor: _____	Address: _____	
Telephone Number: _____	Date Worked: From: _____	Pay Rate
	To: _____	\$

CONVICTIONS/COURT RECORD

Have you been convicted of a crime within the last seven years or have you been imprisoned for the conviction of a crime within the last seven years?

Yes No The existence of a record of convictions for criminal offenses is not considered an automatic bar to employment

Date of Conviction: _____ Describe Circumstances: _____

MILITARY

Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, From: _____ To: _____	Branch of Service	MOS/Duties
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ACTIVITIES

(Civic, athletic, etc.): _____

APPLICANT'S STATEMENT

The facts set forth above are true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior work record. I understand that employment is contingent upon this investigation and, if employed, false statements in this application shall be considered sufficient cause for dismissal. I hereby release any prior employer from any obligations to provide me with written notification of such disclosure and hereby release them from any liability for any statements made and/or documents released. I understand that the documents release may include a record of disciplinary action assessed by the company or previous employers. I understand that certain positions offered may require a pre-employment physical examination by a company designated physician and that this physical is a part of the employment process.

I further understand that as part of this physical examination, I will be required to submit to tests to determine the presence or use of alcohol, drugs or other controlled substances, and, if I refuse such tests, my application for employment will be rejected.

(Date)

(Signature of Applicant)