

# Employment Application

**We are an Equal Opportunity Employer**

Please print in ink. You must complete entire application and sign at end.

Date: \_\_\_\_\_

## Applicant Information

Name (first, middle, last)

Present Address (street, city, state, zip code)

Previous Address (street, city, state, zip code)

Phone Number

Email

Are you legally authorized to work in the U.S.?

☐ Yes

☐ No

(If hired, you will be required to provide proof of work authorization)

Are you at least 18 years old?

☐ Yes

☐ No

(If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.)

Have you ever pleaded "guilty" or "no contest" or been convicted of a crime?

☐ Yes

☐ No

If yes, please explain 1) nature of crime, 2) date of conviction, and 3) state and county in which convicted.

(A conviction will not necessarily bar you from employment. You should not disclose any information regarding criminal records that have been sealed.)

Have you been cited for a traffic violation of any kind within the last five (5) years?

☐ Yes

☐ No

If yes, please explain 1) nature of citation, 2) date of citation, and 3) state and county in which cited. (A citation will not necessarily bar you from employment.)

Have you ever applied at this company before?

☐ Yes

☐ No

If yes, when:

Have you ever worked at this company before?

☐ Yes

☐ No

If yes when:

Under what name:

Do you have any friends or relatives working here? ☐ Yes

☐ No

If yes, please list name(s):

Will you travel if job requires it?

☐ Yes

☐ No

Will you work overtime if required?

☐ Yes

☐ No

If they have been explained to you, are you able to meet the attendance requirements of the position?

☐ N/A

☐ Yes

☐ No

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

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.

☐ Yes

☐ No

☐ Need more information about the job's "essential functions" to respond.

## Position Applying For

Position Desired	Part-Time or Full-Time Desired	Desired Compensation	Shift Preference
When can you start?			
How were you referred to the company?	<input type="checkbox"/> Agency	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Internet
	<input type="checkbox"/> Newspaper	<input type="checkbox"/> School	<input type="checkbox"/> Friend/Relative
	<input type="checkbox"/> Other:		

## Skills/Training/Licenses

Please list and describe any valuable skills you possess that would assist you in the job and would be valuable to the company.

## Education

School	Name and Location (city, state)	No. Years Attended	Major Subjects	Diploma or Degree Received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Employment History (Start with most recent; use separate sheet if necessary)	
Name of Employer	Telephone (     )
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From                      To
Description of Duties	
Compensation- Start:                      End:	Reason for Leaving
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Name of Employer	Telephone (     )
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From                      To
Description of Duties	
Compensation- Start:                      End:	Reason for Leaving
Name of Employer	Telephone (     )
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From                      To
Description of Duties	
Compensation- Start:                      End:	Reason for Leaving
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Name of Immediate Supervisor	From                      To
Description of Duties	
Compensation- Start:                      End:	Reason for Leaving

Have you ever been terminated or asked to resign from any job? ☐ Yes ☐ No

If yes, please explain the circumstances.

Please explain fully any gaps in your employment history.

May we contact your current employer? ☐ Yes ☐ No

If no, please explain.

**References** (List individuals who know you well—not previous employers or relatives.)

Name	Day Telephone ( ) Evening Telephone ( )
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Address

How long known?

Name	Day Telephone ( ) Evening Telephone ( )
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Address

How long known?

Name	Day Telephone ( ) Evening Telephone ( )
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Address

How long known?

Name	Day Telephone ( )
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Address

How long known?

**Please Read Carefully Before Signing This Form**

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired, regardless of when such information is discovered.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any persons or organizations providing information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. I understand that prior to my employment I may be asked to sign a background check consent form or other documentation in order to facilitate my hiring. I agree to sign these forms. I further understand that should I become an employee of the company, annual background checks may also be required.
5. I understand that this application remains current for only 90 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.
6. This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. The Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.
7. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

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

**Thank you for your interest in our company**



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