



APPLICATION FOR EMPLOYMENT

OUR COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER THAT DOES NOT DISCRIMINATE ON THE BASIS OF AGE, SEX, RACE, COLOR, CREED, NATIONAL ORIGIN, RELIGION, ETHNICITY, SEXUAL ORIENTATION, MARITAL/CIVIL UNION STATUS, DOMESTIC PARTNERSHIP, ANCESTRY, GENDER IDENTITY, GENETIC INFORMATION, ATYPICAL HEREDITARY CELLULAR OR BLOOD TRAIT, NON-JOB RELATED HANDICAP OR DISABILITY, LIABILITY FOR SERVICE IN THE UNITED STATES ARMED FORCES, CITIZENSHIP OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL, STATE OR LOCAL LAWS. OUR COMPANY WILL MAKE A REASONABLE ACCOMODATION TO KNOWN PHYSICAL OR MENTAL LIMITATIONS OF A QUALIFIED APPLICANT OR EMPLOYEE WITH A DISABILITY UNLESS THE ACCOMODATION WOULD IMPOSE AN UNDUE HARDSHIP ON THE OPERATION OF THE COMPANY.

**Please read carefully before you sign this application.
(Application must be completed in full even if attaching a resume.)**

PERSONAL INFORMATION

COMPLETE ALL SECTIONS (PRINT or TYPE)					
First Name	M.I.	Last Name	Date:		
Street Address	City	State	Zip Code	Home Phone #	
Are you 18 years of age or older or do you have a state work permit?				Cell Phone #	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you either a U.S. Citizen or non-citizen with authorization to work in the United States?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
(If "YES" – you must complete the I-9 Form required by the U.S. Immigration and Naturalization Service no later than three (3) business days after your date of hire.)					



EMPLOYMENT DESIRED

Position Applied For: Full-Time Part-Time Seasonal

Date of Availability: _____

Have you ever applied for employment with this company? Yes No - When?

In what position? _____

Do you have special skills or operator experience? Yes No

EMPLOYMENT HISTORY

Start with your present or most recent position and list all relevant work experience.
Please use additional paper, if necessary.

Name of Employer:		Phone #:
Full Address (# Street, City, State, Zip)		Supervisor Name/Title:
Job Title:	Employed From: Month/Yr	To: Month/Yr
Reason for Leaving:		Rate of Pay:
May we contact you current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		



EMPLOYMENT HISTORY (continued)

Name of Employer:		Phone #:	
Full Address (# Street, City, State, Zip)		Supervisor Name/Title:	
Job Title:	Employed From: Month/Yr	To: Month/Yr	
Reason for Leaving:		Rate of Pay:	
Name of Employer:		Phone #:	
Full Address (# Street, City, State, Zip)		Supervisor Name/Title:	
Job Title:	Employed From: Month/Yr	To: Month/Yr	
Reason for Leaving:		Rate of Pay:	
Name of Employer:		Phone #:	
Full Address (# Street, City, State, Zip)		Supervisor Name/Title:	
Job Title:	Employed From: Month/Yr	To: Month/Yr	
Reason for Leaving:		Rate of Pay:	

EDUCATION

Highest Grade Completed: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>		College: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Name of Last School Attended:		Degree Obtained:
Address (# Street, City, State, Zip)		Course of Study:
Attended under different name? (please provide)		



BUSINESS & PERSONAL REFERENCES

Provide 3 individuals whom you are not related to that you have known for at least 1 year.

Name:	Occupation:
Contact Phone #:	Title/Relationship:
Name:	Occupation:
Contact Phone #:	Title/Relationship:
Name:	Occupation:
Contact Phone #:	Title/Relationship:

UPON COMPLETION OF THIS APPLICATION, PLEASE OBTAIN A JOB DESCRIPTION FOR THE POSITION YOU SEEK AND ANSWER THE FOLLOWING QUESTION.

CAN YOU PERFORM THE ESSENTIAL JOB FUNCTIONS WITH OR WITHOUT AN ACCOMMODATION? Yes No



APPLICANT'S STATEMENT

PLEASE READ BEFORE SIGNING

I understand that any misstatement, omission or misleading information given in my application, resume or interview or in connection with other company records may result in the rejection of my application, the withdrawal of any offer of employment or my dismissal.

Subject to the provisions of the Fair Credit Reporting Act, I authorize an investigation of all statements contained in this application for employment. I release from all liability and responsibility all persons and entities requesting or supplying information about any information provided on this application, including my present employer.

I acknowledge that any offer of employment is contingent upon my satisfactorily completing a background check and a pre-employment medical examination and inquiry. Such medical exam or inquiry may include a pre-employment drug test. My offer of employment may be revoked if it is determined that I cannot perform the essential job functions of the position with or without a reasonable accommodation, or if providing a reasonable accommodation would impose an undue hardship on the company or if my employment would pose a direct threat of substantial harm to myself or others.

I understand that if employed, I will be an employee at-will, which means either I or the Company can end my employment at any time without cause or notice. No statement, whether written or oral, by any company representative other than a written statement by the Company President may vary the foregoing.

Applicant Signature: _____

Date: _____