

# EMPLOYMENT APPLICATION

Federal law prohibits discrimination on the basis of race, color, religion, disability, sex, or national origin, as well as discrimination on the basis of age against persons over the age of 40. Some state and city legislation prohibits discrimination on the basis of age, marital status, sexual preference, race, color, religion, sex, national origin, or any other basis prohibited by 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 Issued \_\_\_\_\_ 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 hire.)

Have you been convicted of a felony in the last seven years?  Yes  No Are you currently on parole?  Yes  No

Are you currently awaiting trial?  Yes  No Are you currently on deferred adjudication?  Yes  No

If you answered yes to any of the previous question, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: Felony convictions or the existence of a criminal record do not constitute an automatic bar to employment.)

\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_ Not prefer? \_\_\_\_\_

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/been late to school or work within the last year other than approved vacation, sick, or disability leave? \_\_\_\_\_ Please describe: \_\_\_\_\_

Elementary: 1 2 3 4 5 6 7 8

Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_

Secondary: 9 10 11 12 G.E.D

Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_

College: 1 2 3 4 5 6 7 8

Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_

Degree & Major: \_\_\_\_\_

Minor: \_\_\_\_\_

If currently in high school, are you enrolled in a recognized co-op program?

Yes  No If yes, please name program and school? \_\_\_\_\_

\_\_\_\_\_

## Military Service

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

## Work History (Please list your last three 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 for leaving: \_\_\_\_\_  
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 for leaving: \_\_\_\_\_  
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 for leaving: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_

May we contact all 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: \_\_\_\_\_

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. 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 such 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 understand the above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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