



# Application for Employment

Equal Opportunity / Affirmative Action Employer. All qualified applicants encouraged to apply.

Position Applied For: *(list one only)* \_\_\_\_\_

## Personal (Please print)

Last Name	First Name	Middle
Street Address		Date of Application
City, State, Zip		Home/Cell Phone
Email Address		

Are you legally eligible for employment in the United States?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment*

Are you at least 18 years of age?  Yes  No

Are you currently employed?  Yes  No

If yes, state reason for desire to change: \_\_\_\_\_

May we contact your present employer?  Yes  No

If no, please state the reason: \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If yes, give date: \_\_\_\_\_

Were you referred by a current employee?  Yes  No

If yes, please state name: \_\_\_\_\_

Are you available to work:  Overtime  Rotating Shift  Swing Shift  
*(Check all that apply)*  First Shift  Second Shift  Third Shift

Are you currently on "lay-off" status subject to recall?  Yes  No

Have you ever pleaded guilty, pleaded no contest, or been convicted of criminal offenses?  Yes  No

If yes; please specify the month and year of the action. \_\_\_\_\_

*A criminal record does not constitute an automatic bar to employment. We will consider the crime only as it relates to the job in question. One of our facilities is under federal regulations that restrict prohibited persons access.*

# Education

School Name and Location	High School / Alternative Education				Undergraduate / Technical				Graduate / Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills, and extra-curricular activities that you would like us to consider in relation to the job you are applying for												
Describe any honors you have received												

List professional, trade, business, or civic activities, offices held and any additional information as it pertains to the position for which you are applying.  
*(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability, or any other protected status)*


# Work Related References

Give name, relationship with and telephone number of three <b>work-related</b> references:	
<b>1</b>	
<b>2</b>	
<b>3</b>	

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. *(You may exclude organizations which indicate, sex, race, religion, national origin, ancestry, handicap, or other protected status.)*

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary		
	Starting	Final	
Job Title			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary		
	Starting	Final	
Job Title			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary		
	Starting	Final	
Job Title			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary		
	Starting	Final	
Job Title			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

# Employment Agreement:

Directions: Please read each paragraph and initial on the lines. When completed, sign and date at the bottom.

I certify that answers given in this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
Initials

This company maintains a strong workplace drug policy and I understand that should I receive a conditional offer of employment, I will be required to consent to a drug screen, which tests for the presence of illegal substances. This drug screen is paid for by the company.

\_\_\_\_\_  
Initials

I also understand that should I receive a conditional offer of employment, I will be required to undergo a medical examination, to assist the company in evaluating my ability to work safely and effectively. This medical examination is paid for by the company.

\_\_\_\_\_  
Initials

I understand that consideration for employment may be contingent upon the results of a reference and background check. I authorize this company to investigate all statements made on my application for employment, and to discuss the results of its investigations with those responsible for hiring. I further authorize the company to contact my former employer(s) and any listed references or other persons who can verify information, and I give my consent for former employer(s) and other contacted persons to respond to questions pertaining to information on this application. Further, I release from liability such former employer(s) or other persons contacted by and providing information to the company.

\_\_\_\_\_  
Initials

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. I further understand that if hired, my employment is at-will and can be terminated by the company or me at any time, with or without notice, for any reason. I also understand that while personnel policies, programs, and procedures may change from time to time, at-will employment status is not subject to change, unless there is a written agreement signed by the company's president.

\_\_\_\_\_  
Initials

I acknowledge that any information I supply, which the company may or may not use to make an evaluation of my suitability for employment, is correct to the best of my knowledge. I also understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

\_\_\_\_\_  
Initials

I hereby certify that I have read and understand the above information.

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

\_\_\_\_\_  
Date