

**EMPLOYMENT APPLICATION**  
Equal Opportunity Employer

DATE \_\_\_\_\_

NAME (Last)	(First)	(Middle)	Home Phone NO.	
ADDRESS (No. & Street)	(Apt#)	(City)	(State)	(Zip)
				Other Phone No.

18 Years or Over? \_\_\_\_\_

Person To Notify In Case Of Emergency \_\_\_\_\_

ADDRESS \_\_\_\_\_ Other Phone No. \_\_\_\_\_

How Did You Hear About The Company \_\_\_\_\_

Are you eligible for employment in the United States? YES \_\_\_ NO \_\_\_ Alien No. (If any) \_\_\_\_\_

What starting salary range do you require? \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per hour

Have you ever been known by or used any other name? YES \_\_\_ NO \_\_\_

If YES, EXPLAIN \_\_\_\_\_

CIRCLE HIGHEST COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

School Name & Location	Course of Study	Did You Graduate?	No of Yrs. Completed	Degree Obtained
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				
OTHER				

REFERENCES:	Give below the names of three persons not related to you, whom you have known at least one year and of whom we may make inquiries.			
NAME	ADDRESS	PHONE NO.	BUSINESS	YEARS KNOWN

I have been provided with a job description for the position for which I am applying \_\_\_\_\_ Yes \_\_\_\_\_ No. After considering this job description. Do you have the ability to perform this job for which you have applies? If no please explain \_\_\_\_\_

**LIST OF PREVIOUS EMPLOYERS - MOST RECENT FIRST!**

NOTE: Please give accurate, complete information on all full or part time positions held:

Dates, Months, & Years:	EMPLOYER:	RESPONSIBILITIES:
FROM	Name	Title of Position
	Address (including City & State)	Duties (include Supervision)
TO		
Final Salary	Telephone No.	
Supervisor's Name	Type of Business	
Reason For Leaving		
Dates, Months, & Years:	EMPLOYER:	RESPONSIBILITIES:
FROM	Name	Title of Position
	Address (including City & State)	Duties (include Supervision)
TO		
Final Salary	Telephone No.	
Supervisor's Name	Type of Business	
Reason For Leaving		
Dates, Months, & Years:	EMPLOYER:	RESPONSIBILITIES:
FROM	Name	Title of Position
	Address (including City & State)	Duties (include Supervision)
TO		
Final Salary	Telephone No.	
Supervisor's Name	Type of Business	
Reason For Leaving		

**CONVICTION RECORD**

Have you ever been convicted of a crime?  Yes  No. If yes explain when, where, and the nature of all criminal convictions?

Are there any felony charges pending against you now?  Yes  No. If yes describe \_\_\_\_\_  
 \_\_\_\_\_ Company policy does not render conviction of a crime an absolute bar to employment. Such facts as the seriousness and nature of the offense or violation, how many years ago the offense occurred and rehabilitation will be considered but the Company in relation to the specific job which you seek.

**APPLICANTS CERTIFICATION AND AGREEMENT (Please read carefully)**

- CERTIFICATION OF TRUTHFULNESS:** I certify that all statements on this Application for Employment are true to the best of my knowledge. I understand and agree that the statements made herein may be investigated and if found to be false will be sufficient reason for not being employed, or if employed will be cause for dismissal when discovered.
- REFERENCE:** I authorize the references I have listed above and any prior or current employer of mine to give you any and all information concerning my previous employment, including any disciplinary information, and any pertinent information they may have personal or otherwise, and in exchange for my consideration of employment. I release all parties from all liability for any damage that may result for furnishing information to you. Also, I hereby waive written notice to me that employment information is being provided by any person or organization.
- Employment at will:** If hired, in consideration of my employment, I agree to abide by the rules, practices and procedures of the Company. I further agree that my employment with the Company is at-will and can be terminated for any reason with or without cause, and with or without notice at any time at the option of either the Company or myself. I understand that the Company may from time to time make unilateral changes in its rules regulations and personnel practices and policies which will affect me and that my employment may be subject to unrelated adjustments in compensation fringe benefits and other terms and conditions of employment, including layoffs. I also understand that no agent or representative of the Company has any authority to make any agreement contrary the foregoing, except by a written employment contract signed by me and the President of the Company or designate.

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