



EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

Individuals who need assistance with any phase of the application process should notify the person who gave them the application to request a reasonable accommodation.

1. Complete all four pages.
2. Print clearly; incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
3. Provide only requested information. Failure to do so may result in disqualification of your application.
4. Some packets may include an EEOC Self Identification Form. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

POSITION APPLIED FOR:	_____		
TODAY'S DATE:	_____		
NAME:	_____	_____	_____
	LAST	FIRST	MI
HOME PHONE:	_____	WORK PHONE:	_____
CURRENT ADDRESS:	_____		
	STREET		
	_____	_____	_____
	CITY	STATE	ZIP
PRIOR ADDRESS:	_____		
	STREET		
	_____	_____	_____
	CITY	STATE	ZIP

AVAILABILITY

What date can you start? _____ What category would you prefer? Full time Part time Temporary Labor pool
 For which schedules are you available?* Weekdays Weekends Evenings Nights Overtime Shift Other _____
 *Reasonable efforts will be made to accommodate sincerely held religious beliefs.

JOB-RELATED SKILLS

- Yes No Have you been given a job description or had the essential functions of the job explained to you?
 Yes No Do you understand these essential functions?
 Yes No After carefully reviewing the job description and physical requirements of the job for which you are applying, are you able to perform the essential functions of the job with or without reasonable accommodation?

PROFESSIONAL LICENSES AND CERTIFICATIONS

Yes No Are you licensed/certified for the job applied for?
 Name of license/certifications: _____
 License/certification number: _____ Issuing State: _____
 Yes No Has your license/certification ever been revoked or suspended?
 If yes, state the reason(s), date of revocation or suspension, and date of reinstatement: _____

REFERENCES Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name _____

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application may not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the **correct telephone numbers of past employers are critical**. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY

MOST RECENT EMPLOYER

Are you currently working for this employer? Yes No
If yes, may we contact? Yes No

Phone:
Fax:

COMPANY NAME _____ CITY STATE _____ FROM _____ TO _____
DATES EMPLOYED _____

JOB TITLE _____ SUPERVISOR NAME _____

DUTIES

PER _____
SALARY (HOUR, WEEK, MONTH) _____ REASON FOR LEAVING _____

SECOND MOST RECENT EMPLOYER

Are you currently working for this employer? Yes No
If yes, may we contact? Yes No

Phone:
Fax:

COMPANY NAME _____ CITY STATE _____ FROM _____ TO _____
DATES EMPLOYED _____

JOB TITLE _____ SUPERVISOR NAME _____

DUTIES

PER _____
SALARY (HOUR, WEEK, MONTH) _____ REASON FOR LEAVING _____

THIRD MOST RECENT EMPLOYER

Are you currently working for this employer? Yes No
If yes, may we contact? Yes No

Phone:
Fax:

COMPANY NAME _____ CITY STATE _____ FROM _____ TO _____
DATES EMPLOYED _____

JOB TITLE _____ SUPERVISOR NAME _____

DUTIES

PER _____
SALARY (HOUR, WEEK, MONTH) _____ REASON FOR LEAVING _____

DRIVER'S LICENSE INFORMATION

Yes No If the job requires, do you have the appropriate valid driver's license?
Name on license _____ DL# _____ Type _____ State of Issue _____
 Yes No Have you had any moving violations within the last seven years? Please describe. _____

CRIMINAL HISTORY

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.
Have you ever been convicted of a crime? **Do not include convictions that were sealed or expunged pursuant to a court order.**

Yes No Please explain any "Yes" answer. Use additional paper if necessary

Are you currently awaiting trial for any criminal offense?

Yes No Please explain any "Yes" answer. Use additional paper if necessary.

Have you ever initiated an act of violence in the workplace?

Yes No Please explain any "Yes" answer. Use additional paper if necessary.

PERMISSION TO WORK IN THE UNITED STATES

Yes No Are you legally eligible to work in the United States?
Proof of employment eligibility will be required if hired.

CERTIFICATION AND RELEASE I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE _____ DATE _____