

Application For Employment

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. *Please print.*

Name _____

Social Security # _____ Phone () _____

Address _____

City/State/Zip _____

Position applied for _____ Shift preferred 1 2 3 Any

Expected pay _____

Would you accept full-time work? Yes No

Would you accept part-time work? Yes No

On what date would you be available for work? _____

Have you ever been employed here before? No Yes Date _____

Special training or skills (languages, machine operation, etc.) that would be of special benefit in the job for which you are applying: _____

Are you legally eligible for employment in the United States? Yes No (If yes, proof is required)

Are you of legal age to work in the United States? Yes No

For Office Use Only

Applicant # _____

Employee # _____

Hire Date _____

Position _____

Rate _____

Class _____

Skill _____

Other _____

Notes _____

Attachments

- Resume
- Applicant Reference Check
- Applicant Interview
- Payroll Change Notice
- Employee DataCard

Educational Background

School	Name and location of school	Course of study	Did you graduate?	Degree or diploma
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational Training-other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Membership in professional or civic organizations (Exclude those which may disclose your race, color, religion or national origin.)

Employment Experience

Place an by the employer(s) you *do not* want us to contact. List your most recent employer first.

1. Employer _____ Address _____

Phone () _____

Job Title _____ Supervisor _____

Dates Employed: from _____ to _____ Hourly rate/salary: starting _____ final _____

Work Performed _____ Reason for Leaving _____

2. Employer _____ Address _____

Phone () _____

Job Title _____ Supervisor _____

Dates Employed: from _____ to _____ Hourly rate/salary: starting _____ final _____

Work Performed _____ Reason for Leaving _____

3. Employer _____ Address _____

Phone () _____

Job Title _____ Supervisor _____

Dates Employed: from _____ to _____ Hourly rate/salary: starting _____ final _____

Work Performed _____ Reason for Leaving _____

4. Employer _____ Address _____

Phone () _____

Job Title _____ Supervisor _____

Dates Employed: from _____ to _____ Hourly rate/salary: starting _____ final _____

Work Performed _____ Reason for Leaving _____

Personal References

(other than family members or previous employers)

1. Name _____ Phone () _____

Address _____

2. Name _____ Phone () _____

Address _____

3. Name _____ Phone () _____

Address _____

Additional Information

TO THE APPLICANT: Read this Section carefully before answering any of the questions in this area. Answer the following questions only if the red box at the left of the question is checked. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex, or national origin. Federal laws also prohibit other types of discrimination, such as age, citizenship, disability, veteran status, attainment of benefits, or participation in union activities. The laws of many states and localities also prohibit some or all of these types of discrimination, as well as prohibiting additional types of discrimination, such as discrimination based on ancestry, parental or marital status, sexual orientation, or source of income. Only those questions checked below by the employer are believed by the employer to be needed for a legally permissible reason.

You have been given a written job description which includes the essential job functions of the position for which you have applied.

Are you able to perform each of the essential job functions listed for this position with or without accommodation? Yes No

If you can perform the job functions with an accommodation, please describe how you would perform the functions and with what accommodations.

Sex: M F

Height: ___ ft. ___ in. Weight: _____ lbs.

Are you a Vietnam veteran? Yes No

Are you eligible to be bonded? Yes No

Other bona fide occupation questions may be listed below by the employer. Answer only those checked:

Please be sure to sign and date this application. Thank you for your interest in our company.

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge the information contained on this application is true. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company.

Applicant's signature _____ Date _____