



## Employment Application

**Please print and complete in pen, then scan or take a photo to submit.**

### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Ph. Number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Position desired? \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying? YES [ ] NO [ ]

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question) \_\_\_\_\_

When would you be available to begin work? \_\_\_\_\_

Are you legally eligible to be employed in the United States? YES [ ] NO [ ] (Proof of identity & eligibility will be required.)

Are you over the age of 18 years? YES [ ] NO [ ] (If no, you may be required to provide authorization to work.)

Have you ever worked for this Company before? YES [ ] NO [ ]

If yes, where? \_\_\_\_\_ When? (Give dates) \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for the Company? YES [ ] NO [ ] If yes, who and where do they work?

Have you ever done any volunteer work? YES [ ] NO [ ] If yes, describe: (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

Are you available to work: DAYS [ ] NIGHTS [ ] WEEKENDS [ ] FULL TIME [ ] If you cannot work full time, please explain:

Days and Hours Available: \_\_\_\_\_

EDUCATION	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				



<b>Graduate School</b>				
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Have you completed any special courses, seminars and/or training directly related to the position for which you are applying?

YES [ ] NO [ ] If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.) \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT** Start with your current or most recent position

Name of Employer	Phone Number
Full Address (Including Street, City, State & Zip)	Supervisor's Name /Title
Dates Employed      From Month/Day/Year      To Month/Day/Year	
Describe the Work Performed _____ _____ _____	
Name of Employer	Phone Number
Full Address (Including Street, City, State & Zip)	Supervisor's Name/Title
Dates Employed      From Month/Day/Year      To Month/Day/Year	
Describe the Work Performed _____	



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Name of Employer		Phone Number
Full Address (Including Street, City, State & Zip)		Supervisor's Name/Title
Dates Employed	From Month/Day/Year	To Month/Day/Year
Describe the Work Performed		
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Use an additional sheet of paper if more space is necessary.

**PERSONAL REFERENCES** Give three references (not relatives or employers)

Name: \_\_\_\_\_ Ph. (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Ph. (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Ph. (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_



*We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.*

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**IMPORTANT, PLEASE READ AND SIGN**

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Do not write below this line

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**RESULTS**

Employed: YES [ ] NO [ ]

If Yes, Job Title: \_\_\_\_\_ Department \_\_\_\_\_

Date beginning Employment \_\_\_\_\_ Compensation \$ \_\_\_\_\_ per \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_