



## Employment Application

Applicants are considered for all positions without regard to race, color, religion, sex, national orientation, age, veteran status, disability or any other basis prohibited by law. We are an equal opportunity employer.

### Personal Background- Please print clearly

Name:

(Last)

(First)

(MI)

Maiden:(or other name formerly used)

Date last used /

(MO) (YR)

Current Address:

(Street)

(Floor of Apt. No)

(City)

(State)

(Zip Code)

E-Mail Address:

Phone Number:

### Employment Desired:

Position applied for:

Date Available:

Salary Desired:

Are you presently employed?  Yes  No

Are you over the age of 18?  Yes  No

Are you legally authorized to work in the United States without restriction?  Yes  No  
(Proof of identity and employment eligibility will be required upon hire.)

Can you and are willing to travel if your job requires it?  Yes  No

If employment is offered, do you intend to have any type of secondary employment or self-employment?  Yes  No

If required, would you will be willing to work (please check one box in each category)

**Overtime**  Yes  No **Holidays**  Yes  No **Saturdays/Sundays**  Yes  No

Indicate the nights that you are NOT available to work, if any:

Have you ever applied to this company or any of its affiliates?  Yes  No

If yes, when? Which affiliate(s)?

Do you have any relatives employed by this company?  Yes  No  
If yes, who and what location?

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**Referral Source**

How did you hear about our organization?  Walk-in  Advertisement  Friend

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Agency, please list Agency:

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Employee Referral, please list name:

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Other, Please specify:

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**Driving Record:**

If you are applying for a position which involves driving on the job, please answer the following questions:

Do you have a valid unexpired license to drive a vehicle?  Yes  No

Do you have auto insurance coverage?  Yes  No

Has your license been revoked or suspended during the past five years?  Yes  No

If yes, please explain:

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

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**Education and Training:**

Indicate highest level of education completed:

Other: \_\_\_\_\_

Highschool:  9  10  11  12

College/University:  1  2  3  4

Technical/ Trade School:  1  2

Graduate School:  1  2  3

Name of School/ College	Location (City/State)	Course Study	Years Completed	Graduated (Y/N)	Degree

List additional education, vocation, trade, professional information, certifications, or licenses:

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Computer Skills (list software):

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Other machines, trades, special skills, or qualifications:

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**Illegal use of Drugs**

Do you currently engage in the illegal use of drugs (marijuana, cocaine, heroin, crack, speed, LSD, or use of prescription drugs written for someone else, etc.)?  Yes  No

Are you willing to be tested for the illegal use of drugs?  Yes  No

**Previous Residences**

List the city, country and state of all your previous residences in the last seven years (use additional sheet if necessary)

City	County	State	From (MM/YY)	To (MM/YY)

**Employment History**

Listing the most recent position first, provide the following information regarding your previous employment. Please complete all of the employment history even though some or all of the information may be on your resume. Attach your resume to this application.

Are you currently bound by an employment agreement or non-compete agreement?  Yes  No

1) Company \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Employed (mm/yy): From \_\_\_\_\_ To \_\_\_\_\_ Your Exact Title/Position \_\_\_\_\_  
Base Salary: Start \_\_\_\_\_ End \_\_\_\_\_ Other Compensation \_\_\_\_\_  
Supervisor's Position \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May we contact?  Yes  No  
Description of duties, responsibilities and accomplishments: \_\_\_\_\_  
\_\_\_\_\_

2) Company \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Employed (mm/yy): From \_\_\_\_\_ To \_\_\_\_\_ Your Exact Title/Position \_\_\_\_\_  
Base Salary: Start \_\_\_\_\_ End \_\_\_\_\_ Other Compensation \_\_\_\_\_  
Supervisor's Position \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May we contact?  Yes  No  
Description of duties, responsibilities and accomplishments: \_\_\_\_\_  
\_\_\_\_\_

3) Company \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Employed (mm/yy): From \_\_\_\_\_ To \_\_\_\_\_ Your Exact Title/Position \_\_\_\_\_  
Base Salary: Start \_\_\_\_\_ End \_\_\_\_\_ Other Compensation \_\_\_\_\_  
Supervisor's Position \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May we contact?  Yes  No  
Description of duties, responsibilities and accomplishments: \_\_\_\_\_  
\_\_\_\_\_

## References

Please list three individuals whom you have known for at least three years, other than relatives; at least two references should be business related.

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

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Have you ever been terminated from employment or asked to resign by an employer?

Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please read carefully before signing.**

This is an equal opportunity employer. I understand that no question being asked as part of my consideration for employment is intended to be unlawful.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation by the employer to hire me. If I am hired, I understand that either the employer or I can terminate my employment at any time and for any reason.

All of the information has given to the employer in considering me for employment is truthful. No other information has been concealed or intentionally omitted. I understand that the employer may decide to conduct drug screenings and criminal backgrounds checks. I authorize, to the fullest extent permitted by law, any such drug screening and/or criminal background check as well as the investigation of all other matters concerning my consideration for employment. I understand that all offers of employment are contingent upon the receipt of a favorable result of any such drug screening, criminal background check and other investigated matters. I authorize the employer to conduct the screening, background check or investigation directly or through its agents, and further authorize my former employers, references, physicians, and acquaintances to give any such information they may have regarding me. I release and indemnify the employer, as well as any parties from whom information is obtained, from any liability whatsoever resulting from the drug screening, criminal background check or any other investigation and release of this information. If any information I have given to the employer is untrue or misleading, if I have concealed any information is discovered through the investigation, I understand that this may result in the denial of employment, revocation of an offer of employment, or termination of employment.

Although management makes every effort to accommodate individual preference, business needs may at times make the following condition mandatory: overtime, change in work location, a rotating work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment. Additionally, I am aware that my employment is contingent on operational requirement.

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

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