



**APPLICATION FOR EMPLOYMENT**

*If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.*

**Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, sexual orientation or disability. If you believe any questions on this application to be in violation of your civil rights, please do not answer.**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

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

Mobile Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

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

**EMPLOYMENT DESIRED**

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name of position desired: \_\_\_\_\_ Salary/ Wages Desired: \_\_\_\_\_

Interested in:  Full Time  Part Time  Other Date you can start work: \_\_\_\_\_

What hours are you available to work each day of the week?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Have you ever been employed by our company?  Yes  No If yes, Date: From: \_\_\_\_\_ to \_\_\_\_\_

Do you know anyone that is employed or has been employed with our company?  Yes  No

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

**EDUCATION**

Please mark the highest grade completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Name	City/State	Dates	Field of Study	Did you graduate?
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

**GENERAL INFORMATION**

Are you prevented from lawfully becoming employed in this country because of a VISA or Immigration Status?

Yes  No

Have you been convicted of a crime?  Yes  No

**Conviction will not necessarily disqualify any applicant from employment.**

If yes, Location: \_\_\_\_\_ Reason: \_\_\_\_\_

US Military/ Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Will you travel?  Yes  No Drivers license No: \_\_\_\_\_ State: \_\_\_\_\_

**Note to applicant: Do not answer this question unless you have been informed about the requirement of the job which you are applying.**

Are you capable of performing in a reasonable manner the activities included in the job or occupation for which you have applied?  Yes  No

Have you received a COVID-19 vaccination (both injections.)  Yes  No

**REFERENCES**Include only individuals familiar with your work ability. ***DO NOT INCLUDE RELATIVES.***

Name	Address	Phone Number	Years Known	Relationship

**EMPLOYMENT REFERENCES**Your application will not be considered unless every question in this section answered. ***Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.***

<b>Most Recent Employer</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, may we contact this employer?			
_____	_____	_____	_____
Company Name	City	State	Phone Number
From: _____	To: _____	_____	_____
	Job Title		Supervisor's Name
_____	_____		
Salary/ Wages	Reason for Leaving		
<b>Second Most Recent Employer</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    May we contact this employer?			
_____	_____	_____	_____
Company Name	City	State	Phone Number
From: _____	To: _____	_____	_____
	Job Title		Supervisor's Name
_____	_____		
Salary/ Wages	Reason for Leaving		
<b>Third Most Recent Employer</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    May we contact this employer?			
_____	_____	_____	_____
Company Name	City	State	Phone Number
From: _____	To: _____	_____	_____
	Job Title		Supervisor's Name
_____	_____		
Salary/ Wages	Reason for Leaving		

**CERTIFICATION AND RELEASE**

I certify that the answers given 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 misrepresentation of facts called for in this application 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 information including, but not limited to, criminal history, and motor vehicle driving records. I authorize persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said 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. Company policy requires, and I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that, if hired, my employment will be probationary for a period of 90 days. Further, I understand and agree that my employment is for no definite period and may, regardless of date of payment of my wages and salary, be terminated at any time by me or the company without previous notice. I understand that my employment is contingent of working scheduled hours and these hours are subject to change.

Signature	Date
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