



Name \_\_\_\_\_  
FIRST MIDDLE LAST

Email \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP

Telephone (\_\_\_\_) \_\_\_\_\_

## **WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, disability, sexual orientation, veteran's status, citizenship status, or any other protected classes under state, local, or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

**ALL QUESTIONS MUST BE ANSWERED**

**STATE "N/A" IF QUESTION IS NOT APPLICABLE**

**PERSONAL INFORMATION (PLEASE PRINT)**

Date of Application \_\_\_\_\_ Position Applied For \_\_\_\_\_

Salary Expectation \_\_\_\_\_ Available Start Date \_\_\_\_\_

Shifts you are available to work (please circle all that apply) **Full Time** **Part Time**

**Note that weekends are required for most positions.**

**DAYS AVAILABLE FOR WORK** (please check all that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How were you referred to us? \_\_\_\_\_

Have you applied here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list year. \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list employment dates. \_\_\_\_\_

Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_ May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your present employer know of your plans to change employment? Yes \_\_\_\_\_ No \_\_\_\_\_

Why do you desire to make a change? \_\_\_\_\_

Have you ever been discharged or requested to resign from a position? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Do you have reliable means to ensure on time arrival? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you hold a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ List State \_\_\_\_\_

Have you ever held a position of trust (handling money, confidential material, keys)? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Are you legally eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

**(Proof of citizenship/immigration status & identity is required upon employment.)**

Have you ever been convicted of, or received a sentence for a crime(s) other than a minor traffic violation?

(Answering "yes" is not an automatic bar to employment.) Yes \_\_\_\_\_ No \_\_\_\_\_

If so, list the date, court, and place where the offense(s) occurred. \_\_\_\_\_

Have you been convicted of any moving violation(s) in the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain and list dates. \_\_\_\_\_

Do you have any pre-existing conditions or injuries that would limit your ability to stand for 8 hours, repeatedly lift 30 to 50 pounds, or perform other job duties? \_\_\_\_\_

List three things that are important to you in a work environment.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_ 3) \_\_\_\_\_

List three characteristics that best describe you. 1) \_\_\_\_\_

- 2) \_\_\_\_\_ 3) \_\_\_\_\_

Why do you want to work here? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# EMPLOYMENT HISTORY (Must be completed even when accompanied by resume)

Start with your present or last job. Include ALL assignments and positions held in the last 10 years. Be specific about information and dates. May add any jobs related to our industry.

ALL EMPLOYMENT "GAPS" MUST BE LISTED. A COMPLETE HISTORY MUST BE INCLUDED.

Employer:	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (Street, City & State):			
	Phone:		
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Resigned ___ Terminated ___			
State Reason:			
Employer:	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (Street, City & State):			
	Phone:		
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Resigned ___ Terminated ___			
State Reason:			
Employer:	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (Street, City & State):			
	Phone:		
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Resigned ___ Terminated ___			
State Reason:			
Employer:	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (Street, City & State):			
	Phone:		
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Resigned ___ Terminated ___			
State Reason:			

If you need additional space to provide full work history, you may attach a separate sheet of paper.

## EDUCATION INFORMATION

SCHOOLING	GRADE POINT AVERAGE	DEGREE/SUBJECTS STUDIED	GRADUATION DATE	SCHOOL NAME CITY, STATE	HONORS
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE/ CONTINUING EDUCATION					

Please list any additional training, certifications, and honors: \_\_\_\_\_

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications from employment or other experience. \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Do not list religious or ethnic affiliations)

Computer skills (list programs and proficiency level) \_\_\_\_\_

List any equipment training: \_\_\_\_\_

## AGREEMENT

The facts set forth in my application for employment are true and complete. I understand that false statements or omission of information on this application or any other employment form may lead to dismissal or denial of employment. You are hereby authorized to make any investigation of my personal history, financial, criminal, credit and motor vehicle records through any investigative or credit agencies or bureaus of your choice. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment and I agree to submit to a medical evaluation, if required.

I understand that if my application is accepted that employment with this company at all time is employment "at will." It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless such change is specifically acknowledged by an authorized executive of the company. I further understand that my "at will" employment may be terminated at any time by myself or the company and includes no guarantee, contract, or promise of employment for any specific length of time.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

In case of emergency, I authorize you to notify: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Phone: \_\_\_\_\_