



Application For Employment

(Please Print Clearly)

An Equal Opportunity Employer

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability.
It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.
This is a drug free facility.

Social Security no. _____ Date: _____

Name _____
Last First Middle

Present Address _____ Telephone _____
Street City State Zip

Position applied for _____ Rate of pay expected \$ _____ per hour/per month

Willing to work _____ Full-Time _____ Part-Time Specify days and hours if part-time _____

Were you previously employed by this organization? Yes/ No If Yes, when? _____

List any friends or relatives working here. _____

If your application is considered favorably, on what date will you be available for work? _____

List work experiences, skills, or qualifications that you feel would especially fit you for work here. Please add

any additional comments you think are important for us to consider. _____

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

Are you 18 years of age or older? Yes No Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____

Have you had your driver's license revoked or suspended in the last 3 years? Yes No

If hired, can you furnish proof you are eligible to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

A "Yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered

If Yes, please explain. _____

Have you previously applied here? Yes No If Yes, when? _____

List any other names you have used when previously employed (such as maiden or married name). _____

Did you Graduate high school? YES / NO Education History _____

Email address so we can send pre interview question: _____

Work History (begin with the most recent, list all past employer, including any pertinent military experience)

Name of Company		Business Address	City	State	Phone No.
Type of business		Immediate Supervisor		Dates of Employment From To	
Exact job title		Reason for leaving this company			
Earnings at hire	At end of employment				
Description of duties _____ _____					

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Description of duties _____ _____					

Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that there is no express or implied contract of employment and that if employed I have been hires at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from the final paycheck(s) all monies due and owing to the company.

Signature _____

Date _____