

APPLICATION FOR EMPLOYMENT

Position Applying for: _____ Date: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Social Security Number: _____ Mailing Address: _____

In Case of Emergency Notify: (Name) _____ Address: _____

GENERAL INFORMATION

1. Are you a U.S. Citizen? Yes No If not a U.S. Citizen, indicate status: Visa Alien, Registration # _____
2. Do you meet the state minimum age requirement for work? Yes No Are you over 18? Yes No If not, are you over the age of 16? Yes No
3. Are you able to perform the essential functions of the job? Yes No
4. Have you ever been convicted of a crime? Yes No When? _____ How many convictions do you have? _____ Any rehabilitation? _____
5. Do you have a valid Driver's License? Yes No
6. Are you presently employed? Yes No
7. In case of emergency or serious need, you may be asked to work overtime, and additional hours and/or days. Do you know of any problems at this time that could prevent you from working overtime if asked? Yes No (If yes, please explain: _____)
8. Are you related to anyone already employed at this facility? Yes No If yes, who are you related to: _____ Relationship to you: _____
9. Have you applied here before? Yes No Have you been employed here before? Yes No Position Held: _____ When: _____
10. Salary or hourly rate requested: \$ _____

EDUCATION

Level	School	City, State	Years	Graduate	Degree
Elementary					
High School					
Trade					
College					
Graduate					
Other					

I understand that consideration for employment is conditional upon the results of a reference check, and our company is authorized to investigate all statements made on this application, and to contact former employers and references and advise contacted persons they may respond to these questions.

REFERENCES

Do not use relatives or employers already listed. Do use someone who has known you for at least 1 year.

Reference Name	City	Contact Telephone Number	Relationship
1.			
2.			
3.			

EXPERIENCE

*Must be completed even if submitted on a resume

Company Name & Address	To - From Dates	Starting Salary	Ending Salary	Job Description	Reason for Leaving*
1. Present Employer					
2. Previous Employer					
3.					
4.					

List all other places of employment by name of Company: _____

Comments on your work experience: _____

List the types of machines, equipment, and software you can operate: _____

What attributes and abilities do you possess that would make you a good employee of our company? _____

What prompted you to apply for a position with us? _____

PLEASE READ CAREFULLY

The answers to the questions contained in this application are true and complete. I understand that any incorrect or misleading information is cause for rejection of this application or dismissal from a job if I have been employed.

I grant permission to the employer to investigate my references and former employers, and I authorize my references and former employers to provide any information to the company they deem appropriate, and I absolve anyone from liability for damages that may result because of compliance with this authorization.

In consideration for my employment, I agree that my employment and compensation is "at will". I can be terminated with or without cause, and with or without notice, at anytime, at the option of either the company or myself. Also, as a condition of employment, the following may be completed prior to employment:

Criminal History Record, PPD/TB Test, Drug Screen, HIV Test, Employee Medical Questionnaire, Physical, Hepatitis Profile

Applicant Signature

Date