



**Applicant Information:**

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

Social Security # \_\_\_\_\_

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

**Employment Positions:**

Position(s) applying for: \_\_\_\_\_

**Are you applying for:**

- Temporary work – such as summer or holiday work? Y or N
- Regular part-time work? Y N
- Regular full-time work? Y N

What days and hours are you available for work?

\_\_\_\_\_

\_\_\_\_\_

If applying for temporary work, when will you be available? \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_/\_\_\_\_/\_\_\_\_

Can you work on the weekends?  Y  N

Can you work on the evenings?  Y  N

Are you available to work overtime?  Y  N

Salary desired: \$ \_\_\_\_\_

**Personal Information:**

Have you ever applied to/worked for this Company before?  Y  N

If yes, please explain (include date): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for Company?

Y  N If yes, state name and relationship: \_\_\_\_\_

If hired, would you have transportation to/from work?  Y  N

Do you have a valid driver's license?  Y  N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age)

Y  N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States:  Y  N

If hired, are you willing to submit to and pass a controlled substance (Drug) test?  Y  N

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation?  Y  N

If no, describe the functions that cannot be performed \_\_\_\_\_

\_\_\_\_\_

(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Y N

If yes, please describe the crime – state nature of the crime (s), when and where convicted and disposition of the case: \_\_\_\_\_

\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

**Education, Training and Experience:**

Name of High School: \_\_\_\_\_

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

\_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? Y N

Degree/Diploma earned: \_\_\_\_\_

Name of College/University: \_\_\_\_\_

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

\_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? Y N

Degree/Diploma earned: \_\_\_\_\_

Name of Vocational School: \_\_\_\_\_

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

\_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? Y N

Degree/Diploma earned: \_\_\_\_\_

Branch of Military: \_\_\_\_\_

Rank in Military: \_\_\_\_\_

Total years in service: \_\_\_\_\_

Skills/Duties: \_\_\_\_\_

Related Details: \_\_\_\_\_

**Additional Information:**

Do you speak, write or understand any foreign languages: Y N

If yes, describe which language(s) and how fluent of a speaker you consider yourself to be.

\_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?

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

\_\_\_\_\_

**Employment History:**

Are you currently employed?  Y  N

If you are currently employed, may we contact your current employer?  Y  N

Below, please describe past and present employment positions, dating back three years. Please account for all periods of unemployment. Even if you have attached a resume, this action must be completed.

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

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

\_\_\_\_\_

Length of Employment (include dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?  Y  N

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

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

\_\_\_\_\_

Length of Employment (include dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?  Y  N

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

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

\_\_\_\_\_

Length of Employment (include dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?  Y  N

**References:**

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only. (Please do not include relatives)

Name – First, Last: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

\_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_

Name – First, Last: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_

Name – First, Last: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_

**Please Read and Initial Each Paragraph, then Sign Below**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatements) of material fact on this application or on any document used to secure can be grounds for rejection of application or if I am employed by this company, terms for my immediate expulsion from the company. \_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company. \_\_\_\_\_

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my disclosure. In addition I release the company, my former employers and all other persons, corporations, partnerships and associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation. \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Personal Data

As part of our hiring process, we may obtain criminal history reports and driving history reports. Under the provisions of the Fair Credit Reporting Act (15USCat 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of Your Rights Under the Fair Credit Reporting Act.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **Dates Lived Here:** \_\_\_\_\_  
\_\_\_\_\_

**Addresses for the past Seven Years: (include street, city, state, zip code)** **Dates of Residence:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Other Names Used (including maiden name)** **Years Used:**  
\_\_\_\_\_  
\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_

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

I certify that all of elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

**Printed Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

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