



EMPLOYMENT APPLICATION

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought:

How did you learn about the position?

Name _____

Date _____

Address _____ City _____

State _____ Zip _____

Home Phone _____ Office Phone _____

Other Phone _____

Email Address: _____ Social Security

Number: _____

On what date would you be available for work? _____

Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No

If yes, please describe circumstances:

If selected for employment, are you willing to submit to a pre-employment drug screening test? [] Yes [] No

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held:

List other information pertinent to the employment you are seeking:

EMPLOYMENT

(Most Recent First.)

1. Employer _____

Job Title _____

Dates Employed _____

Prior Position Held within Company (if any): _____

Address _____ City _____

State _____ Zip _____

Phone _____ Job Title _____

Supervisor _____

Starting Salary _____

Ending Salary _____

Duties Performed _____

Reason for Leaving _____

2. Employer _____

Job Title _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____

State _____ Zip _____

Phone _____ Job Title _____

Supervisor _____

Starting Salary _____

Ending Salary _____

Duties Performed _____

Reason for Leaving

3. **Employer** _____

Job Title _____

Dates Employed _____ Prior Position Held within Company (if any):

Address _____ City _____

State _____ Zip _____

Phone _____ Job Title _____

Supervisor _____

Starting Salary _____

Ending Salary _____

Duties Performed

Reason for Leaving

4. **Employer** _____

Job Title _____

Dates Employed _____ Prior Position Held within Company (if any):

Address _____ City _____

State _____ Zip _____

Phone _____ Job Title _____

Supervisor _____

Starting Salary _____

Ending Salary _____

Duties Performed

Reason for Leaving

APPLICANT ' S STATEMENT

(Initial each numbered item as read)

1. _____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the Company or its agents.
2. _____ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the Company, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release the Company,

my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.

3. ____ I understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Company has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
4. ____ I authorize the Company to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based upon information obtained in any credit report, I will be provided with the name, address, and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.
5. ____ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
6. ____ I understand and agree that the employment for which I am making application is, and is intern to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or the Company. There will be no agreement, express or implied between the Company and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of the Company.
7. ____ I have placed my signature in the space provided below only after I have completed the entire to the best of my ability and have carefully read the foregoing seven (7) statements.

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Print Name