



**APPLICATION FOR  
EMPLOYMENT**  
(AN EQUAL OPPORTUNITY EMPLOYER)

*We will not discriminate based upon race, color, religion, sex, national origin, citizenship, age, height, weight, marital status, veteran status, disability, familial status, or any other protected category. Individuals with disabilities may request accommodation in the application process.*

**Candidate Data**

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

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

**Present Address**

STREET CITY STATE ZIP

**Permanent Address:**

STREET CITY STATE ZIP

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ home / cell

Email Address: \_\_\_\_\_ Referred by? \_\_\_\_\_

Are you 18 years or older? Yes No

Are you currently authorized to work in the United States? Yes No

Do you have reliable transportation? Yes No

Have you been convicted of a felony within the past 7 years? Yes No

If so, When?

\_\_\_\_\_ Where? \_\_\_\_\_

What was the nature of the offense? \_\_\_\_\_

U.S. Military or Naval Service \_\_\_\_\_ Rank upon Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Duties: \_\_\_\_\_

\*NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation and rehabilitation will be considered. Nor will a dishonorable discharge from the military necessarily be a bar to employment.

**Employment Desired**

Position Applied For: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Ever applied to this Company before? Yes No

Where? \_\_\_\_\_ When? \_\_\_\_\_

**Education**

\_\_\_\_\_  
HIGH SCHOOL NAME      CITY, STATE      YEARS ATTENDED      GRADUATE?  
\_\_\_\_\_  
COLLEGE                      CITY, STATE      YEARS ATTENDED      GRADUATE?  
\_\_\_\_\_  
OTHER                      CITY, STATE      YEARS ATTENDED      GRADUATE?

Special Certifications/Training:

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

**WORK HISTORY**

LIST ALL FORMER AND CURRENT EMPLOYERS WITHIN THE PAST 10 YEARS (If employed, list most recent employer first)

Dates of Employment(month/year): \_\_\_\_\_ Last Pay Rate \$ \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

Dates of Employment(month/year): \_\_\_\_\_ Last Pay Rate \$ \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

Dates of Employment(month/year): \_\_\_\_\_ Last Pay Rate \$ \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

Dates of Employment(month/year): \_\_\_\_\_ Last Pay Rate \$ \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

BE SURE YOU HAVE NOT OMITTED ANY EMPLOYER REGARDLESS OF DURATION AND NATURE  
(REQUEST EXTRA PAPER IF NECESSARY)

**REFERENCES:**

LIST PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

- 1. \_\_\_\_\_  

Name	Address	Phone	Business/Relationship	Yrs. Acquainted
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- 2. \_\_\_\_\_  

Name	Address	Phone	Business/Relationship	Yrs. Acquainted
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- 3. \_\_\_\_\_  

Name	Address	Phone	Business/Relationship	Yrs. Acquainted
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I authorize the references and employers listed above to provide you any and all information concerning my previous employment and any pertinent information they may have, and release you and all parties from any liability for any damages that may result from furnishing same to you. I waive any written notice of the release of such information to the Company.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

1. I authorize the Company to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, the Company has my permission to contact persons who may have information relating to my suitability for employment and to secure consumer reports (including investigative consumer reports). I authorize and instruct any person or agency contacted to participate or conduct inquiries at its request, to compile information, and to furnish any information obtained as a result of such inquiries. I further authorize the Company, in its sole discretion, to furnish copies of this authorization and my application to any person(s) and/or consumer reporting agency(ies) in connection with the above purposes. I agree to release you and all parties from any liability for any damages that may result from furnishing such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Information contained in reports obtained by the Company in accordance with the above authorization may include information pertaining to your character, general reputation, police record, personal characteristics, and mode of living. You have the right to request that the Company completely and accurately discloses to you the nature and scope of all investigations requested. Such a request must be made in writing to the personnel department within a reasonable period of time after your application for employment is received. I hereby acknowledge that I have read the above disclosure statement and have understood it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. I certify that the information in this application is complete and correct to the best of my knowledge and understand that any falsification, misrepresentation, or omission of this information is grounds for a rejection of this Application or dismissal of any employment if I am hired.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. If employed, I understand that if I am or become handicapped and in need of accommodations for employment, I must notify the President in writing within 182 days after the need is known.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

5. In consideration of my employment, I agree to conform to the rules and regulations of the Company, and I agree that my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the Company or myself. I understand that no officer or representative of the Company has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the President of the Company and any such agreement must be made in writing directed to me personally.

I further acknowledge that no one has made any representations or statements contrary to the company's at-will policy to me, either orally or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

6. I agree and understand that any action, suit or charge against the Company arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal Civil Rights statutes, must be brought within 180 days of the event, giving rise to the claim or be forever barred. I waive any limitation periods exceeding 180 days. I understand and agree any shorter limitation periods will still control.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

7. I certify that I am not currently bound by any non-compete agreement or other restrictive covenant, which would disqualify or prevent me from becoming employed by the company.

Signature: \_\_\_\_\_ Date \_\_\_\_\_