

# EMPLOYMENT APPLICATION

Please fill out the entire application.

## EMPLOYER INFORMATION

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

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

City, State, and Zip Code: \_\_\_\_\_

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

\_\_\_\_\_ is an Equal Opportunity Employer. We do not discriminate in our hiring practices on the basis of race, religion, color, sex, gender, identity, sexual orientation, age, disability, national origin, religion, veteran status, or any other status protected under federal, state, or local law.

All employment decisions at \_\_\_\_\_ are decided on the basis of candidate qualifications, merit, and the unique needs of our business and the position.

## APPLICANT INFORMATION

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

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

City, State, and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

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

Date of Application: \_\_\_\_\_

## EMERGENCY CONTACT

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

Relationship to you: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

## EMPLOYMENT POSITION

Employment Position Applied For: \_\_\_\_\_

Full or Part Time \_\_\_\_\_ Full time \_\_\_\_\_ Part time

When can you begin work if you are hired? \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

Did anyone refer you to our company? If yes, who: \_\_\_\_\_

Have you applied to any position at our company previously? \_\_\_\_ Yes \_\_\_\_ No  
If yes, when did you apply: \_\_\_\_\_  
If yes, what position did you apply for: \_\_\_\_\_

Do you have any friends or family working at our company? \_\_\_\_ Yes \_\_\_\_ No  
If yes, name: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

**WORK ELIGIBILITY**

Are you at least 18 years old? \_\_\_\_ Yes \_\_\_\_ No

If offered employment, are you able to provide proof that you are legally eligible to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

How you will get to work: \_\_\_\_\_

Driver's License (State/Number): \_\_\_\_\_

Are you able to perform the essential functions of the job position with or without reasonable accommodation? \_\_\_\_ Yes \_\_\_\_ No

Are you willing to work any shift, including nights and weekends? \_\_\_\_ Yes \_\_\_\_ No  
If no, please state any limitations: \_\_\_\_\_

If applicable, are you available to work overtime? \_\_\_\_ Yes \_\_\_\_ No

**EDUCATION AND TRAINING**

Please list the schools attended.  
Include any other pertinent information about your education and training.

School name: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_ Yes \_\_\_\_ No

Subjects studied: \_\_\_\_\_

College/University: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_ Yes \_\_\_\_ No

Degree received: \_\_\_\_\_

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

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_ Yes \_\_\_\_ No

Degree received: \_\_\_\_\_

Professional licenses, qualifications, or certifications:

\_\_\_\_\_

Special Achievements or Awards:

\_\_\_\_\_

<b>EMPLOYMENT HISTORY</b>
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Please list all jobs. Begin with the current or most recent employment. For gaps in employment, please include explanation. Continue on an extra sheet of paper if necessary.

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_  
Key Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_  
Key Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_  
Key Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Military Services? \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch: \_\_\_\_\_

Years of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Specialized skills or training: \_\_\_\_\_

<b>REFERENCES</b>
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Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

I certify that all statements given on this application are true and complete to the best of my knowledge. I understand that any statements found to be false or misleading give sufficient reason not to hire me, or if hired, can be grounds for immediate termination. I authorize \_\_\_\_\_ to conduct any investigation deemed appropriate concerning my application.

I authorize former employers, references, and all other individuals and organizations disclosed herein to provide any information sought in connection with this application.

The employment is at will, meaning that the employment is subject to termination at any time, with or without cause or notice, and at any time. I acknowledge that neither written nor oral representations about the employment can alter the at will employment status, except those which are executed by representatives at \_\_\_\_\_ with the express authority to do so.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_