



## Employment Application

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, medical condition or disability, or any other status protected by law. We are an Equal Opportunity Employer.

APPLICANT INFORMATION (Please Print)			
Last Name		First	M.I.      Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Desired Salary: \$ _____ Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>		
Position(s) Applied For:			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Referred by:	None <input type="checkbox"/>	Ad <input type="checkbox"/> Emp. Agency <input type="checkbox"/> Employee <input type="checkbox"/> _____	Other <input type="checkbox"/> _____
Are you over 18 years of age?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO, a work permit will be required.	
If hired, are you willing to work overtime, if required?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO, explain why:	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, explain:	
Have you worked with us before?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, when? _____	Position _____
Any special skills or qualifications?			

EDUCATION			
High School			
City/State		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma <input type="checkbox"/> GED Equivalent <input type="checkbox"/>
College		City/State	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Minor
College		City/State	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Minor
Vocational/Technical		City/State	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Minor
Other		City/State	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Minor

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

PROFESSIONAL REFERENCES		
Name:	Yrs Known:	Phone
Relationship/Association:		
Name:	Yrs Known:	Phone
Relationship/Association:		
Name:	Yrs Known:	Phone
Relationship/Association:		
Name:	Yrs Known:	Phone
Relationship/Association:		

## DISCLAIMER & SIGNATURE

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature

Date