

# APPLICATION FOR EMPLOYMENT

Our Company is an Equal Opportunity Employer that employs in compliance with all applicable laws. We do not discriminate because of sex, age, race, color, religion, marital status, gender identity, national origin, disability, veteran status, or any other characteristic protected under local, state or federal law.

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## Personal Information

Name \_\_\_\_\_  
Last First M.I.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Are you legally authorized to work in the U.S.? Yes  No

*Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.*

Are you at least 18 years of age? Yes  No

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## Employment Desired

Position for which you are applying: \_\_\_\_\_

Full-time  Part-time  Fill-in  Summer

Date of availability: \_\_\_\_\_ Salary Requirements: \_\_\_\_\_

Do you have a valid Driver's license? (Only answer this if specifically asked to) Yes  No

Can you travel if a job requires it? Yes  No

If you are an experience operator of any office machines or equipment, please list:

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

What source led you to make application with us? \_\_\_\_\_

\_\_\_\_\_  
If you served in the United States Armed Forces, briefly describe the skills you acquired: \_\_\_\_\_

\_\_\_\_\_

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## Education

Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/Degree
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or Trade		Months Attended		

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## References

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

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

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

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

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

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

# Employment History

Please list your complete employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer	Employed (mo./Yr.)	Type of work performed	Reason for leaving
	From: To:		

Address/City

Name of Supervisor

Employer	Employed (mo./Yr.)	Type of work performed	Reason for leaving
	From: To:		

Address/City

Name of Supervisor

Employer	Employed (mo./Yr.)	Type of work performed	Reason for leaving
	From: To:		

Address/City

Name of Supervisor

May we contact your current employer at this time? Yes  No

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I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

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