

SAMPLE EMPLOYMENT APPLICATION please note this is just an example, actual applications you will be required to complete may be different in noted statements and/or required information

(PLEASE PRINT)

LAST NAME	FIRST NAME	MIDDLE NAME	DATE
ADDRESS			ZIP CODE
TELEPHONE NUMBER(S)		SOCIAL SECURITY NUMBER	
IS THERE ANOTHER NAME, OTHER THAN THE ONE STATED ABOVE WHICH YOU CAN BE IDENTIFIED BY PREVIOUS EMPLOYERS OR EDUCATIONAL INSTITUTIONS?			

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO DRIVER'S LICENSE NUMBER _____

POSITION(S) APPLIED FOR _____ RATE OF PAY EXPECTED \$ _____

DO YOU HAVE ANY RELATIVES WORKING FOR COMPANY INC., INCLUDING ALL DIVISIONS AND SUBSIDIARIES? YES NO

IF YES, PLEASE LIST THEM HERE:

NAME	RELATIONSHIP
NAME	RELATIONSHIP

NEAREST PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY:

NAME	RELATIONSHIP
ADDRESS	PHONE NUMBER

RECORD OF EDUCATION

SCHOOL	NAME & ADDRESS	COURSE OF STUDY	CHECK LAST YEAR COMPLETED		DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
ELEMENTARY			<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> YES	
			<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> NO	
HIGH			<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> YES	
			<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> YES	
			<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> NO	
OTHER (SPECIFY)			<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> YES	
			<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> NO	

HAVE YOU SERVED AN APPRENTICESHIP? YES NO HOW LONG? _____ TRADE? _____

WHERE SERVED? _____ WHEN SERVED? _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

AN EQUAL OPPORTUNITY EMPLOYER

YOU MUST LIST A MINIMUM OF 10 YEARS OF WORK HISTORY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. A resume may NOT be submitted in lieu of completing the work history section. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
TELEPHONE NUMBER(S)		HOURLY RATE / SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				
2. EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
TELEPHONE NUMBER(S)		HOURLY RATE / SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				
3. EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
TELEPHONE NUMBER(S)		HOURLY RATE / SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				
4. EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
TELEPHONE NUMBER(S)		HOURLY RATE / SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				
5. EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
TELEPHONE NUMBER(S)		HOURLY RATE / SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

While verifying employment history, we may contact your present employer (if applicable). Please check this box if you would like us to contact them only AFTER an offer of employment has been made.

A record or criminal conviction will not necessarily be a bar to employment, since the Company will consider factors such as date of the offense, the nature and seriousness of the violation, and the evidence of rehabilitation in making any employment decision.

Have you ever been convicted of a felony? yes no

If your answer is yes, please explain: _____

*** You must list ALL felony convictions, use additional paper if necessary. This question must be answered unless the record has been expunged (sealed) Pursuant to State law.**

PROFESSIONAL REFERENCES

List two (2) Professional References (Not Friends or Relatives)

1. Name: _____	Occupation: _____
Address: _____	City: _____ Phone: _____
Relationship to Applicant: _____	
2. Name: _____	Occupation: _____
Address: _____	City: _____ Phone: _____
Relationship to Applicant: _____	

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with the Company?

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY AND SIGN BELOW:

Note this is just an example of what you may be asked to sign, each application might be different – each company has their own application

By signing below, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information which, if known, would affect my application unfavorably

If I am hired by the Company, and if the Company discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

I agree to submit to a medical examination which may include testing for drugs or alcohol prior to beginning work with the Company, and I understand that if I am employed by the Company, I may be required, from time to time, and I agree, to undergo a medical examination for any reason, including drug, or alcohol

I agree to release to the Company or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, that affect or are related to the terms and conditions of my employment. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment.

I understand that nothing in this employment application creates a contract of employment between me and the Company. If I am hired by the Company, my employment and compensation are "at will", which means that my employment can be terminated, either by the Company or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, that is not an at-will agreement. Only an officer of the Company has the authority to enter into an employment agreement for any specified period of time with me

I give the Company permission to conduct any investigation regarding the information contained in my employment application, which the Company thinks is necessary to determine my qualifications for assuming a job with the Company. I give the Company my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, health, credit, education, or employment record, and I give my consent to any such source to release to the Company whatever information they have about me. I also unconditionally release all named and unnamed sources for any and all liability which might result from furnishing any information about me.

_____ Date

_____ Signature

