

Employment Application



An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle Initial

Email Address

Present Address

No. & Street City State Zip Code

Permanent Address (if different from Present Address)

No. & Street City State Zip Code

Business Phone Home Phone

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work? Yes No

Regular part-time work? Yes No

Temporary work, e.g., summer or holiday work? Yes No

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, what date can you start work? _____

Employment Application

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Personal Information

How did you hear about our company and this job opening? _____

Have you ever applied to or worked for our company before? Yes No

If yes, when? _____

Why are you applying for work here? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No

(If under 18, hire is subject to verification of work permit and any restrictions therein.)

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

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Education, Training, & Experience

High School

No. of Years Completed: _____

Did you graduate? Yes No

Degree or Diploma: _____

College/University

Name

No. & Street

City

State

Zip Code

No. of Years Completed: _____

Did you graduate? Yes No

Degree or Diploma: _____

Vocational/Business

Name

No. & Street

City

State

Zip Code

No. of Years Completed: _____

Did you graduate? Yes No

Degree or Diploma: _____

Employment Application

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Education, Training, & Experience (cont.)

Health Care Training

Name

No. & Street

City

State

Zip Code

No. of Years Completed: _____

Did you graduate? Yes No

Degree or Diploma: _____

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work here? Yes No

If so, please explain: _____

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Answer the following questions if applicable:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement:

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

Name of Employer

Phone Number

Type of Business

Supervisor's Name

No. & Street

City

State

Zip Code

Dates of Employment: _____ — _____
From To

Your Position & Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Employment Application

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Employment History (cont.)

Name of Employer

Phone Number

Type of Business

Supervisor's Name

No. & Street

City

State

Zip Code

Dates of Employment: _____ — _____
From To

Your Position & Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

Phone Number

Type of Business

Supervisor's Name

No. & Street

City

State

Zip Code

Dates of Employment: _____ — _____
From To

Your Position & Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

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Employment History (cont.)

Name of Employer

Phone Number

Type of Business

Supervisor's Name

No. & Street

City

State

Zip Code

Dates of Employment: _____ — _____
From To

Your Position & Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

Phone Number

Type of Business

Supervisor's Name

No. & Street

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Zip Code

Dates of Employment: _____ — _____
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Your Position & Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

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References

List below three persons not related to you who have knowledge of your work performance within the last three years.

| | | | |
|-----------------------|----------------------------------|----------------|-------------------|
| _____ Name | _____ Phone Number | | |
| _____ No. & Street | _____ City | _____ State | _____ Zip Code |
| _____ Occupation | _____ No. of Years Acquainted | | |
| _____ Name | _____ Phone Number | | |
| _____ No. & Street | _____ City | _____ State | _____ Zip Code |
| _____ Occupation | _____ No. of Years Acquainted | | |
| _____ Name | _____ Phone Number | | |
| _____ No. & Street | _____ City | _____ State | _____ Zip Code |
| _____ Occupation | _____ No. of Years Acquainted | | |

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Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my
Initials chances for employment and that the answers given by me are true and correct to the best of my knowl-
edge. I further certify that I, the undersigned applicant, have personally completed this application. I
understand that any omission or misstatement of material fact on this application or on any document
used to secure employment shall be grounds for rejection of this application or for immediate discharge
if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize The Company to thoroughly investigate my references, work record, education and
Initials other matters related to my suitability for employment unless otherwise specified above. I further,
authorize the references I have listed to disclose to the company any and all letters, reports and other
information related to my work records, without giving me prior notice of such disclosure. In addition, I
hereby release the Company, my former employers and all other persons, corporations, partnerships and
associations from any and all claims, demands or liabilities arising out of or in any way related to such
investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be
Initials granted or during my employment, if hired, is intended to create an employment contract between me
and The Company. In addition, I understand and agree that if I am employed, my employment is for no
definite or determinable period and may be terminated at any time, with or without prior notice, at the
option of either myself or the Company, and that no promises or representations contrary to the foregoing
are binding on the company unless made in writing and signed by me and the Company's designated
representative.

_____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to
Initials work in the United States and to complete the required employment eligibility verification document
form upon hire.

Date

Applicant's Signature