



# Application For Employment PERSONAL

DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Physical Address, If different from mailing address: \_\_\_\_\_

I can begin work on: \_\_\_\_/\_\_\_\_/\_\_\_\_ I AM  I AM NOT  ABLE TO TRAVEL

If hired, can you provide proof that you are legally able to work in the United States?  Yes  No

How were you referred to us?

Advertisement  Employee  Employment Agency  Walk-in  Other

Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state the nature of offense(s), date(s), city and state of disposition.  
*Note: An affirmative answer will not necessarily result in disqualification for employment.*

Yes  No

Reason: \_\_\_\_\_

List any relatives or friends employed by this company: \_\_\_\_\_ Relationship: \_\_\_\_\_

List all Industrial safety violations, citations or other violations. List dates and employer at time of incident:  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRE DATE: \_\_\_\_\_

Is the license current?  Yes  No Have you ever been denied a license or permit to operate a motor vehicle?  Yes  No

Has any License or permit ever been suspended or revoked?  Yes  No

EXPLAIN ANY YES ANSWER: \_\_\_\_\_

Do you have a CDL?  Yes  No Expire Date: \_\_\_\_\_

Endorsements? Please list: \_\_\_\_\_

Emergency Contact Information (Name): \_\_\_\_\_

Phone Number: ( ) - Relationship: (example: parent, friend, sister, brother)

## The following Information is Optional

Do you belong to a Union?  Yes  No If so, which one? \_\_\_\_\_

Are you a Veteran?  Yes  No Disabled?  Yes  No Vietnam?  Yes  No Other Campaign?  Yes  No

Have you obtained any skills or abilities as the result of service in the military?  Yes  No If yes, please describe: \_\_\_\_\_

Any medical alert information that we may need on file OR any allergies (i.e. stings, diabetes, epilepsy, etc.) in case of an emergency?  
(use back of this page if necessary)

Do you belong to any of the following minority groups?  Yes  No

Black (Not Hispanic Origin)  Hispanic  Asian or Pacific Islander  American Indian or Alaskan Native



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POSITION DESIRED: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

**CHECK APPROPRIATE BOX FOR TYPE OF EMPLOYMENT:**

Full-time       Part-time       Temporary

**WHAT DAYS AND HOURS ARE YOU AVAILABLE TO WORK:**

	S	M	T	W	T	F	S
From							
To							

Are you available for overtime?     Yes       No

When are you available to begin work:    \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you over 18 years of age?     Yes       No      If under 18, can you provide a work permit?     Yes       No

Are you able to perform the essential functions of the job for which you are applying?     Yes       No

(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary to eligible applicants to perform essential functions) if you require accommodation to complete this application, please contact the Personnel department for assistance.

**EDUCATION:**

	Name & Location of School	Number of Years Completed	Graduated? Yes / No	Degree(s) Diploma(s)	Major Field(s) of Study
High School or Trade School					
Business or Tech. School					
Jr. College and / or University					
Other Training (Explain)					

**SKILLS:**

Do you speak, write or understand any foreign language?     Yes       No

If yes, Which languages? \_\_\_\_\_

Can you operate a personal computer?     Yes       No

Types of Software: \_\_\_\_\_

List other office machines you can operate: \_\_\_\_\_

Specific knowledge or training: What knowledge, special skills and / or individual capabilities do you have which especially prepare you for the position applied for? \_\_\_\_\_

**Answer the following if you are applying for a professional, licensed or certified position.**

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

Name of License/Certification: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License/Certification Number: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_



### Experience:

Please account for all employment within the last five (5) years, beginning with your current or more recent employer. In addition, please indicate any other experience that you believe is relevant to the position for which you are applying (e.g. volunteer experience, military service, experience gained over five (5) years prior, etc.) Attach an additional sheet if extra space is needed.

#### POSITIONS HELD:

COMPANY NAME: \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

JOB TITLE: \_\_\_\_\_ HOURS WORKS: FROM \_\_\_\_ TO \_\_\_\_ STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ IS THIS YOUR CURRENT EMPLOYER?  YES  NO

MAY WE CONTACT THIS EMPLOYER:  YES  NO REASON FOR LEAVING: \_\_\_\_\_

SPECIFIC JOB DUTIES/EQUIPMENT OPERATED: \_\_\_\_\_  
\_\_\_\_\_

WHAT IS THE MOST IMPORTANT SKILL YOU DEMONSTRATED ON THE JOB? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PERSONAL REFERENCES:**

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**APPLICANT'S STATEMENT:**

(Please initial each numbered item as read)

- 1 \_\_\_\_\_ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the company or its agents.
- 2 \_\_\_\_\_ I authorized all the schools, persons and organizations named in this application to provide relevant information in their possession or knowledge to the agents of the company, for use in deciding whether or not to offer me employment and specifically waive any required notification. I hereby release the Company, my former employers and all other persons from any claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
- 3 \_\_\_\_\_ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
- 4 \_\_\_\_\_ I understand and agree that the employment for which I am making application is, and is intended to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or the Company. There will be no agreement, expressed or implied, between the Company and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of the Company.
- 5 \_\_\_\_\_ I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing four (4) statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date