Application for Employment

Date: _____ Position Applying for: _____

Name: _____
(Last / First / Middle)

Address: _____
(No. Street / City / State / Zip)

Telephone: (_____) _____-_____ Email Address: _____

Are you 18 years of age or older? ___Yes ___ No

If hired, can you provide written evidence that you are authorized to work in the U.S.? __ Yes __No

EDUCATION

Type	Name/Location	Course of Study	# Years Completed	Degree/ Diploma
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical or Other	_____	_____	_____	_____

EMPLOYMENT RECORD

Company Name and address	Kind of Work	Date: Started/Left	Rate of Pay	Reason for Leaving
1._____	_____	_____	_____	_____
2._____	_____	_____	_____	_____
3._____	_____	_____	_____	_____
4._____	_____	_____	_____	_____

U.S. MILITARY SERVICE

Branch of Service _____

From _____to _____ Rank and Type of Service _____

Training/Experience Received _____

For HR office use only: Criminal Records Wavier_____ MVR_____ Drug Screen_____ Approved_____

REFERENCES (Do Not Include Relatives)
Name/ Occupation/ Years/ Known Address

1. _____

2. _____

3. _____

EMPLOYMENT

Type of Work Desired _____ Salary Desired _____

What Days and Hours are you available to work? _____

How Were You Referred To Our Organization? _____

Do You Have Any Relatives Who Are Employed By This Organization? ____Yes ____No

Please Specify : _____

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? ___Yes ___ No Please Specify : _____

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

_____

_____

APPLICANT'S STATEMENT
I understand that the employer follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____ Date: _____