



JOB APPLICATION FORM

PERSONAL INFORMATION					
FIRST NAME		LAST NAME		PHONE NUMBER	
ADDRESS					
CITY		STATE		ZIP	EMAIL
LENGTH OF TIME AT THIS ADDRESS					
PREVIOUS ADDRESS					
CITY		STATE		ZIP	
LENGTH OF TIME AT THIS ADDRESS				LENGTH OF TIME IN CURRENT CITY	

EMPLOYMENT DESIRED		
POSITION	DATE AVAILABLE TO START	SALARY DESIRED
EMPLOYMENT TYPE <input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	IF PART-TIME WAS SELECTED, WHAT IS YOUR AVAILABILITY?
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF HIRED, WHEN CAN YOU START?		

ADDITIONAL INFORMATION	
HAVE YOU EVER APPLIED FOR WORK HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?	
PLEASE LIST ANYONE YOU KNOW THAT IS CURRENTLY EMPLOYED WITH US	
ARE YOU ABLE TO DO THE JOBS YOU ARE APPLYING FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PLEASE EXPLAIN	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE EXPLAIN WHERE, WHEN, NATURE OF OFFENSE	
IS THERE FELONY CHARGES PENDING AGAINST YOU <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE EXPLAIN	

SKILLS

DO YOU HAVE ANY SKILLS, QUALIFICATIONS OR EXPERIENCES WHICH YOU FEEL WOULD BE A GOOD FIT FOR US?
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1.
2.
3.
4.



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MILITARY SERVICE

DID YOU SERVE IN THE US ARMED FORCES? ☐ YES ☐ NO

DATES SERVED

BRANCH OF SERVICE

RANK OR RATING AT TIME OF ENLISTMENT

RANK OR RATING AT TIME OF DISCHARGE

WERE YOU HONORABLY DISCHARGED ☐ YES ☐ NO

IF NO PLEASE EXPLAIN

EDUCATION

DEGREE/COURSES	NAME OF SCHOOL	YEAR OF GRADUATION	YEARS ATTENDED	CITY

PREVIOUS EMPLOYMENT

COMPANY NAME	REASON FOR LEAVING	DATES OF EMPLOYMENT	JOB DUTIES	POSITION	SALARY

REFERENCES

NAME/COMPANY	TELEPHONE	EMAIL	OCCUPATION	RELATIONSHIP



APPLICANTS CERTIFICATION AND AGREEMENT

Please read carefully

1. Certification of truthfulness

I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.

2. Authorization for Employment/Education Information.

I authorize the references listed on this Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give this company any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby waive written notice that any person or organization is providing employment information.

3. Employment at will.

If I am hired, in consideration of my employment, I agree to abide by the rules and policies of this company, including any changes made from time to time, and agree that my employment and compensation can be determined with or without cause, and with or without notice, at any time, at the option of either the company or myself. I understand that no manager or other representative of the company, other than the personnel director, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or make any agreement contrary to the foregoing. Any such agreement made by the Personnel Director must be made in writing to be effective.

4. Authorization to Work.

If I am selected for hire I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

5. Limitation on Claims.

I agree that any action or suit against the company arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claim or be forever barred. I waive any statute of limitations to the contrary.

6. Need for Accommodation.

If I am a handicapper who requires an accommodation to perform the job, I must notify the Company of that need within 182 days after I knew or reasonable should have known that an accommodation was needed. Failure to do so will bar me from alleging that the Company has not accommodated me as required by law.

7. Criminal Records Check

I agree to execute an authorization for this employer to secure criminal convictions history from the appropriate law enforcement agency, should the company determine it is necessary to do so.



APPLICANTS CERTIFICATION AND AGREEMENT

8. Release of Medical Information.

I authorize every medical doctor, physician or other healthcare provider to provide any and all information including but not limited to, all medical reports, laboratory reports, x-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I hereby release every medical doctor, healthcare personnel and every other person, form, officer, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other health care provider until a job offer has been made.

9. Physical Exam and Drug and Alcohol Testing.

I agree to take a physical exam and authorize the Company or its designated agent (s) to withdraw specimen (s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand that the decisions concerning my employment will be made as a result of this test.

10. Credit Report.

I understand that the Company will request a consumer report or an investigative consumer report, including information as to my character, general reputation, personal characteristics and mode of living for general purposes of evaluating my application for employment. I further understand that I may request in writing from the Company a complete and accurate disclosure of the nature and scope of the investigation requested. I consent to the furnishing of such report to the company.

11. Consideration for Employment.

I understand that my application will be considered pursuant to the company's normal procedures for a period of thirty (30) days. If I am still interested in employment thereafter, I must reapply.

I HEREBY CONFIRM THE VERACITY AND COMPLETENESS OF MY RESPONSES, ACKNOWLEDGING THAT PROVIDING INCORRECT INFORMATION MAY RESULT IN THE TERMINATION OF EMPLOYMENT.

DATE

SIGNATURE