

# Application for Employment

We are pleased that you are seeking employment with \_\_\_\_\_. Applications for employment are considered without regard to race, color, religion, sex, age, sexual orientation or national origin, or any factors prohibited by local, state or federal law. We are proud to be an Equal Opportunity Employer.

Applicants with disabilities may be entitled to reasonable accommodation under the ADA and related state laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing an undue hardship on the company. Please contact \_\_\_\_\_ at \_\_\_\_\_ if you need assistance completing any forms or to otherwise participate in the application process.

This employment application does not create a contract or offer of employment. If hired, employment with the company will be on an at-will basis and can be terminated at the will of either you or the company.

Please be advised, this application for employment is only good for **30 days** from the date received by the Company. Consideration for employment after 30 days requires submission of a new application.

## Personal

\_\_\_\_\_  
*Applicant Name*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Cell Phone Number*

Please list all names you have used in the past: \_\_\_\_\_

Have you ever been employed by our Company?  Yes, dates of employment: \_\_\_\_\_  No

How did you hear about our company and/or this job opening? \_\_\_\_\_

Have you ever applied for employment at our Company?  Yes, dates applied: \_\_\_\_\_  No

Do you have any friends or relatives employed by this company?  Yes  No

If yes, please provide their names and relationship to you: \_\_\_\_\_

## Employment Desired

Position applying for: \_\_\_\_\_

Date Available: \_\_\_\_\_

Are you interested in  Temporary  Full-Time  Part-Time

What days and hours are you available to work? \_\_\_\_\_

# Experience

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

## Employer 1:

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Street Address City State Zip Code

Dates of Employment: \_\_\_\_\_  
From To

Current Employer?  Yes  No May we contact this employer for a reference?  Yes  No

Your Position and Duties:

Your Reason for Leaving:

## Employer 2:

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Street Address City State Zip Code

Dates of Employment: \_\_\_\_\_  
From To

Current Employer?  Yes  No May we contact this employer for a reference?  Yes  No

Your Position and Duties:

Your Reason for Leaving:

## Employer 3:

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Street Address City State Zip Code

Dates of Employment: \_\_\_\_\_  
From To

Current Employer?  Yes  No May we contact this employer for a reference?  Yes  No

Your Position and Duties:

Your Reason for Leaving:



**APPLICANT'S CERTIFICATION AND SIGNATURE**

**Please read carefully, initial each paragraph and sign at the bottom of the page.**

I understand that, if hired, I will be required to provide proof of my legal authorization to work in the United States.

**Initials:** \_\_\_\_\_

I certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the information provided by me on this application are true and correct to the best of my knowledge. 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.

**Initials:** \_\_\_\_\_

I authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I further authorize the references I have listed to disclose to the Company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release the Company, my former employers and 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.

**Initials:** \_\_\_\_\_

I understand that nothing contained in this application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between the Company and me. In addition, I understand and agree that if I am employed, my employment is at will and is for no definite or determinable period and may be terminated at any time, with or without prior notice, or with or without cause, 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.

**Initials:** \_\_\_\_\_

I understand that, in connection with my application for employment, the Company may obtain a consumer report and/or investigate consumer reports about me that may contain information as to my character, general reputation, personal characteristics, and mode of living. Such reports may include or consist of my driving history obtained from the Department of Motor Vehicles. I further understand that any job offer extended by the Company is contingent upon receipt of a favorable consumer or investigative consumer report about me.

**Initials:** \_\_\_\_\_

I understand that in connection with my application for employment, depending upon the position for which I have applied, any offer of employment is conditioned upon my taking and passing a post-offer/pre-employment drug test, and if necessary, for the position for which I have applied, a post-offer/pre-employment medical examination. I understand that I may refuse to take any required pre-employment drug test and/or medical examination, but that if I do, any offer of employment will be immediately withdrawn.

**Initials:** \_\_\_\_\_

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT SAME AS CONDITIONS OF MY EMPLOYMENT WITH COMPANY

**Initials:** \_\_\_\_\_

This application, when completed and signed, becomes the property of the Company.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name