



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

| | | | |
|--|------------------------------|-------|----------|
| NAME (LAST NAME FIRST) | | | |
| PRESENT ADDRESS | CITY | STATE | ZIP CODE |
| PERMANENT ADDRESS | CITY | STATE | ZIP CODE |
| PHONE NO. () | ALT. PHONE NO. () | | |
| EMAIL | REFERRED BY | | |
| ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, employment is subject to minimum legal age requirements.) | | | |
| WILL VISA OR IMMIGRATION STATUS PREVENT LAWFUL EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (Proof of right to work in the U.S. will be required if hired.) | | | |
| HAVE YOU BEEN CONVICTED OF A FELONY OR RELEASED FROM PRISON WITHIN THE PAST 10 YEARS? (A conviction may not necessarily disqualify you from employment.) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE DATE AND NATURE OF THE OFFENSE: | | | |

EMPLOYMENT DESIRED

| | | |
|---|--|----------------|
| POSITION | DATE YOU CAN START | SALARY DESIRED |
| ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE? | WHEN? |

EDUCATION HISTORY

| NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|---------------------------------|----------------|-------------------|------------------|
| HIGH SCHOOL | | | |
| COLLEGE(S) | | | |
| | | | |
| TRADE, BUSINESS OR OTHER SCHOOL | | | |

GENERAL INFORMATION

| |
|--|
| SUBJECTS OF SPECIAL STUDY/RESEARCH, SPECIAL TRAINING/SKILLS OR U.S. MILITARY/NAVAL SERVICE |
| |
| |

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR AND WHO WE MAY CONTACT ABOUT YOUR PROFESSIONAL EXPERIENCE.)

| NAME | PHONE NUMBER | BUSINESS/RELATIONSHIP | YEARS KNOWN |
|------|--------------|-----------------------|-------------|
| | | | |
| | | | |
| | | | |

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE MONTH AND YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------------|----------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, the discovery of falsified statements contained herein may result in immediate dismissal. I expressly authorize the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

If hired, I understand that my employment will be "at will", meaning that both the company and I are free to terminate my employment at any time, for any reason, with or without cause. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____