

APPLICATION FOR EMPLOYMENT

Company/Location where application will be submitted _____

PERSONAL INFORMATION

Name _____ Today's Date _____

Have you ever worked under another name? YES NO If yes, Name _____

Address _____ City _____

County _____ State _____ Zip _____ E-Mail _____

Home phone _____ Business or other phone _____

If employed, can you submit verification of your legal right to work in the U. S.? YES NO

How did you learn about this opening? _____

Have you worked here before? YES NO Any relatives working here? Name(s) _____

Are you available for full time YES NO part time YES NO overtime YES NO temporary YES NO

Are there any limitations on the hours, days, or time you are available to work? _____

Have you ever been convicted of a felony? YES NO Convictions will not necessarily disqualify an applicant for employment.
If yes, please describe. _____

EDUCATION

Begin with most recent college/university/technical school

Name of educational institution/location	No. of Years Completed	Major	Did you Graduate?	Diploma or degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other training or education related to the job you are applying for

PROFESSIONAL LICENSE

License type: _____ License Number: _____ Valid through: ____/____/____

POSITION APPLIED FOR

Job title or type of work _____

Desired salary _____

When can you start? _____

BE SURE TO COMPLETE NEXT 2 PAGES.

PLEASE COMPLETE ALL JOB HISTORY INFORMATION EVEN IF RESUME IS ATTACHED

EMPLOYMENT HISTORY

LIST PRESENT OR MOST RECENT POSITION FIRST. MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO
 MAY WE CONTACT YOUR PREVIOUS EMPLOYER(S)? YES NO

Name of Employer _____ Address/Location _____

Type of Business _____ Your Position/Title _____

Your Duties _____

Your Manager's Name and Title _____ Phone _____

Dates Employed: From ____/____/____ To ____/____/____ Salary: Starting _____ Final _____

Reason for Leaving _____

Name of Employer _____ Address/Location _____

Type of Business _____ Your Position/Title _____

Your Duties _____

Your Manager's Name and Title _____ Phone _____

Dates Employed: From ____/____/____ To ____/____/____ Salary: Starting _____ Final _____

Reason for Leaving _____

Name of Employer _____ Address/Location _____

Type of Business _____ Your Position/Title _____

Your Duties _____

Your Manager's Name and Title _____ Phone _____

Dates Employed: From ____/____/____ To ____/____/____ Salary: Starting _____ Final _____

Reason for Leaving _____

PROFESSIONAL REFERENCES

Name	Address	Phone	Relationship

APPLICANT'S CERTIFICATION AND RELEASE

I certify that the facts given in my resume and/or Application for Employment are true and correct. I understand that if employed, any false or misleading statements, omissions, or failure to fully answer any requested item on this application or on any document used to secure employment shall be grounds for rejection of this application or for my termination from employment, if I am employed, regardless of when such information is discovered. I authorize the Company to secure background information on my work record, education, and other matters related to my suitability for employment. I authorize my references and background sources to disclose information about me to the Company, without giving me prior notice of such disclosure. I hereby release the Company, my former employers, and all other sources from any and all claims, demands, or liabilities arising out of or in any way related to securing such information or disclosures.

I understand that nothing contained in the application, or information conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between me and the Company. I understand that any employment with this Company is "at will," which means that either I or the Company can terminate the employment relationship at any time with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the Company has any authority to alter the foregoing unless a specific term of employment is in writing and signed by the Company President.

PLEASE SIGN HERE _____ **Date** _____