

Employment Application

General Information

Applicant First Name	Applicant Last Name	Applicant MI
_____	_____	_____
Home Address: _____		
City: _____	State: _____	Zip: _____
Home Phone _____	Cell Phone _____	
Phone Other: _____	Number of Years at this address: _____	
Email: _____		

Social Security # _____ Driver's License (State/#) _____

Position Applied For: _____

Type of Employment: Full Time _____ Part Time _____ If Part Time Specify Hours _____

Are you 18 years or older and if not can you produce necessary work certificate? YES NO

Emergency Contact: Name: _____ Relationship _____

Address: _____

Primary Phone _____ Cell Phone _____ Phone Other _____

Education

Name/Location of High School Last Attended: _____

Years Completed? _____ Did You Graduate? _____

Education Continued

Name of and Location of College, Business, Technical, Trade or Post Graduate College Attended:

1 _____

Course of Study: _____ Degree _____

2 _____

Course of Study: _____ Degree _____

3 _____

Course of Study: _____ Degree _____

4 _____

Course of Study: _____ Degree _____

Please attach any addition educational information to application.

Employment History

Employer Name _____

Employer Address _____

Job Title or Position _____ Supervisor's Name _____

Dates of Employment: From _____ To _____ May we contact? YES NO

Reason for Leaving _____

Employer Name _____

Employer Address _____

Job Title or Position _____ Supervisor's Name _____

Dates of Employment: From _____ To _____ May we contact? YES NO

Reason for Leaving _____

Employment History Continued

Employer Name _____

Employer Address _____

Job Title or Position _____ Supervisor's Name _____

Dates of Employment: From _____ To _____ May we contact? YES NO

Reason for Leaving _____

Employer Name _____

Employer Address _____

Job Title or Position _____ Supervisor's Name _____

Dates of Employment: From _____ To _____ May we contact? YES NO

Reason for Leaving _____

Please attach any Additional Employment History to application

References: *Include those who have supervised your previous employment.*

Name	Relationship	Phone Number
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

Criminal Background

Note: Criminal convictions will not automatically disqualify an applicant from a particular job. The company will consider the nature of the crime, its seriousness, whether the conviction(s) substantially relates to the position's functions and qualifications, the frequency of convictions, the applicants age at the time of the conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicants entire work and educational history and employment references and recommendations.

An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within thirty (30) days of the applicants request for such information.

Within the last ten (10) years have you been convicted of a felony: (Do NOT include convictions that were sealed, eradicated, erased or expunged, convictions that resulted in referral to a diversion program or marijuana-related convictions that are more than two (2) years old)

Yes: _____ No _____ If YES please provide circumstances to be considered: _____

APPLICANT CERTIFICATION

Note: As the applicant, I understand that neither this application nor any communication by a representative is intended to create or does create a contract of employment, offer or promise of employment. I acknowledge that if hired by the company, employment is on an AT-Will basis. This means the company is free to terminate my employment at any time, with or without cause or advance notice IN ACCORDANCE WITH STATE LAW and acceptance of employment is not a contract of employment for any specified time. SIMILARLY, I am free to terminate my employment with the company at any time for any reason. This AT-WILL provision may be modified or waived only in a written agreement signed by an authorized representative of the company and ME. I agree to conform to the rules and regulations of the company and understand that the company has complete discretion to modify such rules and regulations at any time except that it will not modify its policy of employment AT-Will.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state and local law. I agree to complete any requisite authorization forms for this purpose.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state and local law any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations or organizations furnishing such information.

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and automobile liability insurance in an amount equal to or greater than the minimum required by law in the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace and have a drug and/or alcohol testing program consistent with applicable federal, state and local law and that if I am offered a conditional offer of employment, I understand that if a pre-employment drug/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state and local law. I also understand that all employees, pursuant to the Company's policy and federal, state and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug test consistent with the Company's policies and applicable federal, state and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state and local law, may exercise its right, without prior warning or notice to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles and computers) and in certain circumstances, my personal property.

I understand this company hires and employs only individuals who are legally eligible to work in the United States.

Applicant Signature

Date

Company Representative Signature

Date