



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Preferred Name/Nickname
Current Address	Street	Apt/Unit No.	City State Zip
Email Address		Phone No. (Home)	Phone No. (Mobile)
Permanent Address, if different from current address:			
If hired, can you provide proof that you are legally able to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How were you referred to us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-in/unsolicited email <input type="checkbox"/> Banner <input type="checkbox"/> Other			
List any relatives or friends employed by the Company		Relationship	

EMPLOYMENT

Position Desired	Salary/Hourly Rate Desired						
Check appropriate box for type of employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary							
What days and hours are you available for work?							
Day:	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
From:							
To:							
Are you available to work <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends							
Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Are you available for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No When are you available to begin work?							
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If under 18, can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If no, describe the functions that cannot be performed: _____							
From time to time, the company may obtain information about you from public records. If you wish to waive your right to receive a copy of any public record obtained, check the following box: []							

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SKILLS

Do you speak, write, or understand any foreign language? Yes No

If yes, specify the language(s) and comprehension level: _____

Can you operate a Personal Computer? Yes No If yes, which programs or software: _____

List other office or computer equipment you can operate: _____

Specific skills or training: What knowledge, special skills, and/or individual capabilities do you have which especially prepare you for the position applied for? _____

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EDUCATION

Type of School	Name and Location of School	No. of Years Completed	Graduated? Yes/No	Degree(s) or Diploma(s)	Major/Field(s) of Study
High School or Trade School					
Business or Tech. School					
Jr. College and/or University					
Other Training (Explain)					

EMPLOYMENT HISTORY

Work Experience: Please account for all employment within the last seven (7) years, beginning with your current or most recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, military service, experience gained over seven (7) years prior, etc.). Attach an additional sheet or resume if extra space is needed.

Answer the following questions if you are applying for a professional, licensed or certified position

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, explain: _____

Other license/certification info: _____

Positions Held

Company Name	Dates Employed <i>From</i> <i>To</i>	Hours Worked <i>From</i> <i>To</i>
Street Address	Job Title	
City, State, Zip	Specific Job Duties: 1. _____ 2. _____ 3. _____	
Telephone No.		
Supervisor		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving?	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on this job?	

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- Continued -

Positions Held

Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	Hours Worked <i>From</i> _____ <i>To</i> _____
Street Address	Job Title	
City, State, Zip	Specific Job Duties: 1. _____ 2. _____ 3. _____	
Telephone No.		
Supervisor		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving?	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on this job?	
Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	Hours Worked <i>From</i> _____ <i>To</i> _____
Street Address	Job Title	
City, State, Zip	Specific Job Duties: 1. _____ 2. _____ 3. _____	
Telephone No.		
Supervisor		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving?	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on this job?	

PERIODS OF UNEMPLOYMENT

Please account for all periods of unemployment within the last seven (7) years, beginning with your most recent period of unemployment.

Dates Unemployed	Reason for Unemployment
From _____ To _____	
Dates Unemployed	Reason for Unemployment
From _____ To _____	
Dates Unemployed	Reason for Unemployment
From _____ To _____	

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MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe: _____

PERSONAL REFERENCES

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.		
Name	Address	Phone No.
_____	_____	_____
Name	Address	Phone No.
_____	_____	_____

APPLICANT'S STATEMENT

(Initial each numbered item to confirm agreement)

- ___ 1. I certify that the information provided on this application is true and correct. I understand that any misrepresentation, false information, or omission of facts made in this application or any attachment may disqualify me from further consideration for employment and if employed, shall be grounds for termination of employment, regardless of the time elapsed before discovery.
- ___ 2. I understand that the Company is committed to maintaining a drug and alcohol-free work place. I hereby certify that I am not a current user of illegal drugs, and if hired, I agree not to work under the influence of illegal drugs or alcohol. Accordingly, I may be subject to a pre-employment blood test, urinalysis, or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Company has reasonable suspicion to believe that I am under the influence of a drug or alcohol or where permitted by law. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
- ___ 3. I understand and agree that the employment for which I am making application is, and is intended to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either me or the Company. There will be no agreement, express or implied, between the Company and me for any specific period of employment, nor for continuing or long-term employment, unless made in writing, signed by an authorized representative of the Company.
- ___ 4. I understand that the Company has a standing policy regarding the mutual binding arbitration of all disputes between it, its employees, potential employees, and former employees. I understand and agree to submit to binding arbitration of all disputes and claims arising out of the submission of this application or my future employment and I agree to do so in my individual capacity and not in any representative action. This agreement will be the exclusive method to resolve all disputes or controversies that I may have or the Company may have, whether or not arising out of my employment or termination of that employment with the Company. I understand that only where required by law the Company will pay for the cost of arbitration and I will have the same rights and remedies in arbitration as in a court of law. **THE AGREEMENT TO ARBITRATE CONSTITUTES A WAIVER OF ANY RIGHT THAT I MAY HAVE OR THE COMPANY MAY HAVE TO LITIGATE ANY CLAIM IN COURT IN A JUDGE OR JURY TRIAL.** I further understand and agree that if an offer of employment is made it shall be contingent upon execution of the Company's standard agreement to arbitrate as set forth in an Employee Handbook or other Company document.

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- ___5. If employed by the Company, I agree to adhere to company rules, policies and procedures at all times and understand that such compliance is a condition of employment. I understand that due to the nature of the Company's business, attendance and punctuality are considered essential requirements and that poor attendance or tardiness will result in disciplinary action.
- ___6. I understand that any offer of employment may be contingent upon a satisfactory background check, employment verification, reference checks, and Motor Vehicle Report (if applicable based on position). I also understand that I may also be asked to submit to a consumer investigative report, including personal interviews and other information relating to my character, general reputation, credit, personal characteristics and mode of living. I hereby authorize the Company to thoroughly investigate and/or verify my education, certifications, previous employment information, Motor Vehicle Report and other matters related to my suitability for employment and to contact my references. I authorize references I have listed to disclose to the Company any and all documents or other information related to my work record, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associates from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. My present employer will be contacted only when specific permission is granted or after acceptance of an offer of employment.
- ___7. I understand that if hired and/or promoted into a designated position, my continued employment may be contingent upon satisfactorily passing, as determined by the Company, another background check, a consumer investigative report and/or drug/alcohol test. If at any time during my employment I fail to make the necessary authorization, the Company may terminate my employment.
- ___8. I understand that after a conditional offer of employment but before beginning employment, I may be required to: (a) furnish proof of my identity and U.S citizenship or proof of my legal right to work in the United States, as required by federal law and that failure to do so and/or lack of proper documentation (within three (3) days of hire) will result in termination pursuant to the Immigration Reform and Control Act of 1986; (b) apply for and be bonded by the Company's insurance carrier; and/or (c) sign an agreement relating to the confidentiality of the Company's information.
- ___9. I understand that this application will no longer be active and will receive no further consideration once the position for which I am applying has been filled.

By signing below, I affirm that I have completed the entire application to the best of my ability, have carefully read the foregoing statements, agree to their terms, and understand that the Company is relying on any and all of the foregoing representations, promises, and releases in considering me for employment.

Date: _____

Signature of Applicant

Please Print Name