



Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

*** CURRENT DMV REQUIRED ***

APPLICATION FOR EMPLOYMENT

Last name First Middle	Date
Street Address	Home Phone Cell Phone
City, State, Zip	Email:
Have you ever applied for employment with us? Yes? No? If Yes: Month and Year: _____ Location _____	Social Security Number Driver License Number
Position Desired	Pay Expected
Apart from absence for religious observance, are you available for full-time work? Yes? No? If not, what hours can you work? _____	Will you work overtime if asked? Yes? No?
Are you legally eligible for employment in the United States?	When will you be available to begin work? _____
Other special training or skills (languages, machine operation, etc.)	Can you travel if the job requires it? Yes? No?
How did you learn of our organization?	

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? Yes? No? If yes, what can be done to accommodate your limitation?

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College				Yes? No?	
High				Yes? No?	
Trade				Yes? No?	
Other				Yes? No?	

We believe that the information solicited from the applicant which lies outside the special section on page 3 is in full compliance with all

Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume responsibility for the inclusion in this

Application for Employment of any question which may violate Federal, State or local laws and user's should consult their own counsel with

respect to any legal questions concerning the use of this form.

LIST YOUR TRADE LICENSES WITH THEIR EXPIRATION DATES

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(EXCLUDE THOSE WHICH MAY DISCLOSE YOUR RACE, COLOR, RELIGION, OR NATIONAL ORIGIN)

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES

Describe your duties and any special training

Branch of Service

Rank at Discharge

If the employer has checked the box next to the questions, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.



What was your previous address? _____

How long at present address?
_____ years

How long at previous address?
_____ years



Have you ever been bonded?

Yes? No? If yes, with what employer? _____



Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes? No? If yes, describe in full:



Please give the name, address and phone number of three references not related to you:

1. _____

2. _____

3. _____



A drug screening will be required prior to being hired. Please sign to acknowledge that you agree with this pre-employment requirement.

Signature _____ Date _____

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of any offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature _____

Date _____

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone
	Address	Employed (State Month and Year)
	Name of Supervisor	Weekly Pay
	State Job Title and Describe Your Work	Reason for Leaving
2	Company Name	Telephone
	Address	Employed (State Month and Year)
	Name of Supervisor	Weekly Pay
	State Job Title and Describe Your Work	Reason for Leaving
3	Company Name	Telephone
	Address	Employed (State Month and Year)
	Name of Supervisor	Weekly Pay
	State Job Title and Describe Your Work	Reason for Leaving
4	Company Name	Telephone
	Address	Employed (State Month and Year)
	Name of Supervisor	Weekly Pay
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT