

# Employment Application

*Please fill out completely. Type in your information or handprint using a black or blue pen.*

## Personal Information

Name (Last, First, MI)

Street address

City, State, Zip

Home phone number

Work phone number

Cell phone number

E-mail address

Driver's license number/state/expiration (*if job involves any driving*)

## Employment Desired

Position applied for

How did you hear about this position?

Date available for work

Desired hours (full time, part time, etc.)

## Education

	Name of School	City, State	Degree/ Diploma
High School			
Undergraduate College			
Graduate/ Professional			
Other (Specify)			

List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 10):

.....

.....

Last Name, First Initial:

Today's Date:

# Employment Application

## Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

1.	Employer (Current? <input type="checkbox"/> Yes <input type="checkbox"/> No) (May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Pay	Ending Pay	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving (or wanting to leave if currently employed)			
	What value did you add to this company or its customers?			
2.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Pay	Ending Pay	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	What value did you add to this company or its customers?			

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# Employment Application

## Employment History

3.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Pay	Ending Pay	2.
	Phone number				3.
	Fax number	Supervisor(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
4.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Pay	Ending Pay	2.
	Phone number				3.
	Fax number	Supervisor(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				

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# Employment Application

## Employment History

5.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Pay	Ending Pay	2.
	Phone number				3.
	Fax number	Supervisor		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
	.....				
	.....				
6.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Pay	Ending Pay	2.
	Phone number				3.
	Fax number	Supervisor		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
	.....				
	.....				

[PLEASE CONTINUE ON NEXT PAGE]



# Employment Application

## Additional Information

Have you ever been employed with this company before?  Yes  No  
If Yes, when? .....

Do you have any friends or relatives employed by this company?  Yes  No  
If Yes, please provide their names and relationship to you: .....

Are you currently employed?  Yes  No  
May we contact your employer?  Yes  No  
Are you currently on "lay off" status and subject to recall?  Yes  No

If you are under 18 years of age, can you provide proof of your eligibility to work?  Yes  No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?  Yes  No

Do you or will you in the future require sponsorship for employment visa status (e.g. H-1B visa status)?  Yes  No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?  Yes  No

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)"  Yes  No  N/A

If hired, do you have a reliable means of transportation to and from work?  Yes  No

If hired, would you be able to travel or work overtime or weekends as needed?  Yes  No

# Employment Application

## REFERENCES:

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name ( <input type="checkbox"/> Personal <input type="checkbox"/> Professional)		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name ( <input type="checkbox"/> Personal <input type="checkbox"/> Professional)		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name ( <input type="checkbox"/> Personal <input type="checkbox"/> Professional)		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

## Additional Space

Additional space provided to expand on any points or questions asked previously in this application


***PLEASE USE ADDITIONAL PAPER IF NECESSARY***

# Employment Application

*Please read each statement closely and initial each acknowledging your understanding*

## **Equal Employment Opportunity Statement**

\_\_\_\_\_ This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

## **Discrimination and Sexual Harassment Policy Statement**

\_\_\_\_\_ This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

## **Disclosure to Applicants Concerning Drug/Alcohol Testing**

\_\_\_\_\_ If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

## **Medical History Questionnaire**

\_\_\_\_\_ I herewith affirm that the employer has an offer of employment to me, conditioned on the satisfactory completion of this questionnaire, and, if necessary, at the sole discretion of the employer, a medical examination.

The purpose of this inquiry is to determine whether I currently have the physical or mental qualifications necessary to perform the job that has been offered; whether and what accommodations may be necessary; and whether I can perform the job without posing a direct threat to the health or safety of myself or others; and for the purposes and reasons as stated in the attached questionnaire.

\_\_\_\_\_ This information will be kept confidential in a separate medical file, apart from my personnel file. I



herewith affirm that the questions found in the attached medical questionnaire have not be asked of me by anyone with the employer until after I have signed a separate document and have been offered a job.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

**Complete and Accurate Information**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

**At-Will Employment**

\_\_\_\_\_ I understand and agree that if I am employed, my employment will be “at-will”, which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company’s president.

**Testing Authorization**

\_\_\_\_\_ If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

**Investigation Authorization**

\_\_\_\_\_ I authorize investigation into all statements and references contained in this application. Said investigation may include interviews with past employers, workers and friends. If the investigation involves a third party reporting agency you will be asked to sign a separate authorization form.

**Company Obligation**

\_\_\_\_\_ I understand and agree that the Company’s acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

MY ANSWERS HAVE BEEN TRUE AND ACCURATE PURSUANT TO THE PENALTY OF PERJURY UNDER THE LAWS OF THIS STATE. I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

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Signature

Date



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